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J. ADAMS ALLEN, M.D., LL.D., WALTER HAY, M.D.,
EDITORS.

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REFERENCES:-Dr. Oscar C. DeWolf, in CHICAGO MEDICAL JOURNAL, November, 1874; Dr. Leonard, in the same Journal, May, 1875.

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Original Communications.

ARTICLE I.

TWO CASES OF APHASIA.

By WALTER HAY, M.D.

CASE 1. Traumatic Aphasia. William Updegraf, set. 40, farmer, came to Rush Medical College Clinic, Jan. 23rd, 1875, accompanied by a companion, who gave the following history of his case: Two years ago, while directing some repairs to his reaping machine, stooping to a horizontal position, watching the progress of a "bolt," which a smith was driving through a hole, he was struck upon the bridge of the nose by the end of the bolt suddenly driven through by an unusually powerful blow of the sledge. He was knocked down but recovered himself immediately, his nose bleeding copiously; soon becoming drowsy, he slept for about half an hour, when, awakening he rode three miles to his home and passed the afternoon and evening in attending to his ordinary

duties, smoked a pipe after supper and retired to bed at his usual hour. His wife was awakened before daybreak by his stertorous breathing, and finding him entirely unconscious, sent for a physician. His condition was then one of complete unconsciousness—of which he has preserved no recollection subsequently; motility and sensibility upon the right side was completely lost; face drawn to the left; deglutition accomplished only when food was placed upon the root of the tongue; fæces and

urine discharged involuntarily.

At the end of two weeks, consciousness returned, together with partial control over bladder and rectumwould indicate by signs his desire to evacuate these viscera. After six weeks was able to walk, dragging his right leg, with the assistance of a cane, but was unable to utter a sound. Up to the present time, his improvement has been gradual, and, for the most part, uniform. To-day he walks with a, scarcely perceptible, limp in the right leg, the toes being slightly inverted. No muscular atrophy—is able to pick up a pin from the palm of my hand with the thumb and forefinger of his right hand while looking at the object, but when his head is turned away cannot distinguish a fold of skin from the pin; grasps my hand firmly but with little force; very slight, scarcely perceptible, diminution of symmetry in the two sides of the face; cannot whistle, but can spit straight; has perfect control of muscles of eye-lids and eye-balls; tongue deflected to right (to paralyzed side); sensibility normal on both sides of tongue and face; sight, hearing, taste, smell, normal. His speech is limited to one word, "ves," which he articulates distinctly, but in a whisper. His intelligence appears to be perfect; exhibits much good humor and vivacity; enjoys a joke, laughs heartily, but inaudibly; answers questions quickly by an affirmative nod, or a negative shake of the head, as may be appropriate; writes his name William Updgr-, but shakes his head and cannot finish it—can write the initial letter of his residence S (Sycamore), but no more;

readily distinguishes letters written in alphabetical order from those which are not. His general health is excellent, sleeps well, has a good appetite and digests his food well —bowels and kidneys act regularly.

Diagnosis—amnesic aphasia, from traumatic hæmorrhage.

Treatment—nutrition, diet, fresh air, absence of excitement, practice with the pencil daily and in the articulation of simple sounds.

CASE 2. Aphasia from Embolism. Rev. F-P-S. J., a prominent official of the Jesuit Society, consulted me, giving me the following history of his case. Is an Italian, 50 years of age, having the appearance of typical health—came from a long-lived race. Has had no illness. except an attack of acute rheumatism when a lad in Italy; has passed thirty years in America, principally in the District of Columbia. His life has been one of severe study, and, during nine years-while Provincial of his Society-of great care. Eighteen months agowhile celebrating mass at the altar of the church, found himself suddenly deprived of speech, to so great a degree that he was compelled to indicate his wishes to his servitors by signs. Had great difficulty in raising his right arm and hand. Retained sufficient self-control to finish his mass, although occupying about three times as long as usual. The loss of power in the right arm was also apparent in the leg, and was accompanied by numbness, pricking and tingling.

After the lapse of six months began to recover his faculty of speech, together with motion and sensation in the extremities, which had been only partially lost. He has now so far recovered, as to be able to walk with little perceptible difficulty; to write, although slowly and with care; to converse clearly upon any subject, but slowly and thoughtfully.

The most remarkable feature in the case, is the total obliteration from memory of certain items of acquired

knowledge, previously in constant use; for example, he has forgotten entirely the "credo," being unable to recall a single word of it beyond the first. Murmur with

regurgitation at the base of the heart.

Diagnosis—Embolism of left middle cerebral artery, from rheumatic endocarditis. Had been treated with K. Br. freely. Advised rest, mental and bodily, easy traveling and nutritious diet.

No. 163 STATE STREET.

ARTICLE II.

THE CHEAPER CINCHONA ALKALOIDS.

By JAS. S. WHITMIRE, M.D., METAMORA, ILL.

For several years we have been convinced that it would be to the material interest of the medical profession. everywhere, to pay more attention than has heretofore been done to the use of the cheaper cinchona alkaloids, and this should be the case, more especially with that portion of the profession who reside in the rural districts and country villages, where they are compelled, almost from necessity, to furnish their own medicines. There are several reasons why this should be done, amongst which is the well known fact, that the forests of the different valuable species of the cinchona tree are becoming greatly decimated; and though there is still an abundance of the bark for the world's supply, yet the time is not far distant when the States of South America, where the tree is indigenous, will institute measures for its preservation, and this will necessarily shorten the supply of the bark. We understand that such measures have already been instituted in Chili and Bolivia. It is true that the Dutch in Java, and the English in the East and West Indies, have been successful in acclimatizing some of the most valuable species of the cinchona tree, and have already begun to make the bark from their plantations a commodity of commerce; vet, with the wholesale destruction of the tree in its native mountain wilds, for the procuration of the bark for the purposes of commerce, it must, sooner or later, be decimated to the minimum amount, so that the supply will necessarily cease to be equal to the demand. This may not prove to be the ultimate result in our day, but we—the profession—who claim to be humanitarians, should look with a jealous eye, not only to our own pecuniary interests and physical wellbeing, but the welfare of those who are to come after us and fill our places for a brief period should be kept constantly in view. Another reason why we should pay more attention to the use of these cheaper alkaloids, is that either or all of them are relatively cheaper than quinia, even though two of them have to be used in larger doses than the latter drug to accomplish the same results; besides, so far as our experience has been connected with their uses, we have not the least question of their utility as a substitute for quinine under nearly all circumstances where the use of the latter drug is indicated.

With the above prefatory remarks, we now desire to state that we have used all of them, excepting cinchonidine, in our practice for several years. We first used sulph. of cinchonia, next sulph. quinidia, and third, the sulph. cinchonidia; and even the residue—chinoidine which is evaporated to dryness from the mother waters after the crystalizable salts have been separated, has been utilized in our practice, as a prophylactic against the recurrence of intermittents. We seldom make use of the sulph, cinchonia—which we have used for the longest period—as an antiperiodic, or antipyretic, because of its tendency to nauseate the stomach, but, nevertheless, we are convinced that it possesses valuable febrifugal and antiperiodic properties, and may be advantageously utilized for such purposes in the absence of either of the other preparations of the bark. Notwithstanding its nauseating qualities, we usually make it available as a general tonic in connection with the mur. tinct. of iron, especially at times when a chalybeate is indicated—a condition which is seldom absent after an attack of intermittent or autumnal fever; and we find it to be, to the full as efficient in this respect as quinia, or any other of the bitter tonics; besides, it has the advantage of acting as a prophylactic against the recurrence of a chill. Our usual prescription, under the circumstances just mentioned, is this:—R. Cinchon. Sulph. 3 j-ij; Ferri. Mur. Tinct. 3 j; Syrup. Simp. 3 iij. S. One teaspoonful, in water, at each meal. This is an admirable tonic, and may be used with advantage in anæmia and other debilitated conditions. The sulph. of cinchonia, in bulk, costs

about thirty-five cents per ounce.

The sulph. of quinidia we have used to a greater or less extent in our intermittent and remittent bilious fevers ever since it was first thrown upon the market. This alkaloid, though in fact but little cheaper than quinine, we have found equally efficacious as an antiperiodic and antipyretic as the quinia sulph., though it must be used in a little larger dose than the latter drug. As an evidence of its value in some of the periodical neuroses, such as that commonly known as sun-pain, we have frequently administered it with as prompt relief to our suffering patients as we have ever known to be produced from the use of our sheet-anchor-quinine. As an example, my wife for many years has been subject to this distressing intermittent or periodical neuralgia; she was greatly opposed to taking quinine on account of the tinnitus aurium and other distressing symptoms that it produced. Now, under these circumstances, while twenty-five to thirty grains of quinine may have been sufficient to interrupt the paroxysms of pain, I administered to her forty grains of the quin. sulph. in the course of twelve hours, which completely warded off the attack and did not subject her to the disagreeable after effects, to that extent that the use of quinia is wont to do. This drug (quinidia) costs in the market about \$1.63 per ounce,

but the dose required being nearly or quite one-fourth larger to produce the same febrifugal effect as that of quinia, it makes the expense but very little less than the latter drug. But if its febrifugal and other qualities be equivalent to that of quinine in proportional doses, why not use it more extensively, especially in our milder malarial fevers, so that the demand for quinia will not be so great, thus cheapening the article of quinine, and, at the same time, preventing the wholesale destruction of the bark that has been going on for years for the production of a sufficiency of quinine to supply the world's demand?

The last of the alkaloids-sulph, of cinchonidiathough not the least, comes up for our consideration. This article has not been so long upon the market as the latter alkaloid, in fact, it has not till within a few months been brought more than casually to the notice of the profession, but because its introduction has been of but recent date, there is no reason why those who have seen fit to test its medicinal virtues and give it a fair and impartial trial should be treated so cavalierly when they attempt to call the attention of the profession to its value as a remedial agent. It is our object in this paper to call the attention, especially, of country practitioners to the unqualified value and merits of this drug as a tonic, febrifuge, and antiperiodic. So far as our experience has gone with the use of this alkaloid-cinchonidia sulph.—we are disposed to attribute to it, very nearly, if not quite, an equivalent therapeutic value with that of the sulphate of quinine. We have used it in the same doses -ten to twenty-five grains-with complete success in interrupting the paroxysm of intermittents; we have administered it, in connection with morphia, to dispel the malarial complications that sometimes occur in pneumonia with satisfactory results; and, in acute rheumatism, we have substituted it for quinia, whenever the latter drug seemed to be indicated, with unequivocal benefit. We have had this spring (1875) in this vicinity more than a usual amount of malarial or periodical diarrhœa and neuralgias, both among children and adults, for the relief of which we have been in the habit of prescribing the sulph. cinchonidia, with other appropriate remedies. In these cases the same amount was given as that of sulph. quinia under similar circumstances—we seldom or never had to repeat the dose—and its administration was attended with the most complete and sat-

isfactory results.

This article—cinchonidia sulph.—can be obtained by the quantity for from seventy-five to eighty cents per ounce, and, therefore, we would respectfully ask the question: If the value of this agent as a tonic and febrifuge is equivalent, or nearly so, to that of quin. sulph., and its commercial value is only one-third of the latter, is it of no concern to the country practitioner, who has to furnish, at great expense, annually, his own drugs, not only to the wealthy, but to the indigent from whom he never expects to receive one farthing for his services, and for whom he labors solely for the sake of suffering humanity, for the answer of a good conscience, and the gratitude of his beneficiaries?

We would not use these cheaper remedies merely from mercenary motives-no one could conscientiously do so: but we would, and do, prescribe and use them because we believe them, in equivalent doses, to be of the same therapeutic value as that of quinia, and that they may be safely used as a substitute for it; and, in so doing we are treating our patients well, and, in not a few instances we are not only contributing our medicine and our services to the poor, but we are rendering good service to the general health and comfort of our patients, and saving to ourselves the difference in the cost of the drug used. which would amount to no mean sum in the course of the year, and which the country physician so much needs, because, at best, his life is a hard one, and few there are, indeed, who make any more than enough, from year to year, for the economical support of themselves and families.

Chinoidine, the residual product of the mother waters, we have used for more than twenty years as a prophylactic against the recurrence of intermittents. The most eligible form in which we have been able to prepare it for use, is to finely powder the resin and then add a sufficient quantity of calcined magnesia to prevent the powdered resin from running together, then thoroughly rub them in a mortar and afterwards bottle. Of this powder we give from three to four grains after each meal, for one day; on the next, we administer ten drops of Fowler's solution, in water, after each meal; and so continue alternating the medicines for four or five weeks, when every vestige of malarial influence will be found to have vanished. Of course, we always first interrupt the paroxysms by the use of one or the other of the salts of the cinchona alkaloids.

In case these directions are strictly carried out, there will not be three per cent. of relapses, while there are more than thirty per cent. where the prophylaxis is not used. Chinoidine, used in this manner, is by no means a disagreeable medicine, because it is but slightly soluble in either saliva or water, hence it may be given to children in syrup with but little or no complaint.

ARTICLE III.

SUCCESSFUL OPERATION FOR STONE IN THE BLADDER.

By E. O. GRATTON, M.D., HEBRON, ILL.

On Tuesday, Feb. 23d, 1875, I was called to see Mrs. Betsey Lovejoy, of Genoa Junc., Wisconsin, aged about 43 years. Found her suffering with stone in the bladder.

Called twice between that and Saturday, the 27th, at which time I performed the operation of lithotomy, with

the assistance of Dr. Woodruff, of Harvard, Ill. The stone, weighing five and one-half drachms, was taken out by dilatation, with cutting about two lines of the

external sphincter.

The patient is, at this date, July 13th, as well as before the growth commenced, following her usual avocation, which is that of a seamstress. She has had no trouble to retain the urine from the first.

Progress in Medical Sciences.

ARTICLE I.

PROGRESS OF SURGERY.

By JNO. E. OWENS, M.D.,

LECTURER ON SURGERY, RUSH MEDICAL COLLEGE, CHICAGO.

- 1. Treatment of Epistaxis. By Dr. Beverley Robinson, of New York. (Medical Record, March 20, 1875; The Monthly Abstract of Medical Sciences, May, 1875.)
- 2. Division of the Isthmus to relieve Dyspnæa in Certain Cases of Bronchocele. By Sir G. Duncan Gibb, Bart., M.D., Physician to Westminster Hospital. (Lancet, Jan. 23, 1875; The Monthly Abstract of Medical Sciences, May, 1875.)
- 3. Removal of Goitre; Previous Ligature of Arteries. By Mr. LISTER. (Brit. Med. Journal, March 13, 1875; The Med. News and Library, May, 1875.)
- Action of Salicylic Acid in Bacteria. (Brit. Med. Journal, March 6, 1875; The Med. News and Library, May, 1875.)
- 5. A Clinical Contribution to the Treatment of Tubal Pregnancy. By T. GAILLARD THOMAS, M.D. (New York Med. Journal, June, 1875.)
- 1. Dr. Robinson recommends, in obstinate epistaxis, compression of the facial arteries upon the superior maxillary bones, just before they reach the alæ of the nose, by means of two small pads made of lint. These are sewed to a piece of tape, the ends of which are

passed across the cheeks and above the ears, and tied securely behind the occipital bone. Arrest of all cases of bleeding from the nose, by compression of the facial arteries is not claimed. The author trusts that this method may frequently be adjoined to other treatment with marked benefit to the patient, and by itself may prove of the greatest utility in exceptional circumstances where other means are not at hand. Dr. Robinson asserts that many of the worst cases of epistaxis originate in the septum, which receives its arteries mainly from the terminal branches of the facial.

The method suggested by Dr. Gibb has for its object the relief of dyspnæa from pressure upon the trachea in cases of enlargement of the thyroid gland affecting one or both lateral lobes, and implicating the isthmus. When the latter is enlarged, dyspnœa usually becomes a feature of great significance and the precursor of future mischief. If not relieved by treatment, the enlarged lateral lobes may extend on either side of the trachea itself and completely encircle it. In consequence of this, the tube is compressed laterally, and its form becomes oval, with a very narrow passage to breathe through. Such cases sooner or later end fatally. In the first case cited, the autopsy revealed the fact that a narrow oval fissure was all that the patient could breathe through during life. However, in some of our hospital museums, says Dr. Gibb, the preparations themselves show how hopeless are all means of cure when once the trachea is grasped by the tumor. Having long thought over the matter, he came to the conclusion that the only remedy in such cases is to remove or divide that portion of the bronchocele which was in contact with the trachea itself -the isthmus-before it had commenced either to encircle the tube or had become too firmly adherent to it. The second case reported illustrates the truly wonderful relief afforded by the operation.

In this case, under the influence of chloroform, an

incision was made through the integuments in the median line over the trachea, about two inches long, the superficial fascia and then the deep were divided on a director, and finally, the surface of the tumor was exposed, which in size approached that of a flattened walnut. The isthmus on either side of this was more slender and smaller in bulk than the tumor, which, by means of an aneurism needle, permitted the application of a strong ligature on either side of it. The isthmus was then freed to the inner side of each ligature, divided, and wholly removed, the trachea being observed to be quite free.

There was not much bleeding, although several small veins ramified on the surface of the tumor. Subsequent examination showed the removed isthmus to be partly cystic in its character. The results in other cases fully justified the hopeful view entertained of the operation.

- 3. On the 6th of March, Mr. Lister removed a goitre from a young woman, having previously ligated the four principal arteries of supply to the thyroid, through a central incision, before the operation of removal was attempted. This has been found most effectual in restraining the hæmorrhage, which, without this precaution, is so serious a drawback to the operation. The patient is doing well.
- 4. Dr. Ludwig Letzeritz has lately tested the effect of salicylic acid on bacteria and micrococci, by placing under the microscope portions of fluid containing these organisms in abundance, and allowing solutions of salicylic acid to come into contact with them. He used solutions of four degrees of strength, viz., one part of salicylic acid and one of spirit, in 120, 90, 60, and 40 parts of water. The first two arrested the movements of the bacteria gradually; while, with the two stronger solutions, the arrest of movement was instantaneous. Although he has used it locally and internally with some

benefit in diphtheria, he observes that more extensive observations are necessary in order to determine its value in that disease.

5. I can only refer to that part of Dr. Thomas' interesting paper which describes the brilliant operation but recently performed. Before detailing the treatment of the case, he remarks that few cases of extra-uterine pregnancy have, during their early and progressive stages, been brought to a favorable conclusion by surgical means. For this, he sets forth four good reasons: 1. The doubt which usually attends diagnosis; 2. The danger of attending invasion of the peritoneum; 3. The dangers arising from septic absorption from retention of the fœtus or its envelopes; 4. The certainty of grave hæmorrhage from opening into the extraordinarily vascular nest in which the fœtus is contained. To meet the indications, one of the following plans has been generally adopted: 1. Gastrotomy has been practiced, that the fœtal mass might be removed like an ovarian tumor; 2. The liquor amnii has been drawn off by a very delicate trocar, in order to diminish tension and check the growth of the cyst; 3. The feetus has been killed in situ by the passage of strong currents of electricity, or the injection into the sac of strong narcotics, like atropia or morphia, with the hope that nature might eventually cause its discharge, with the contents of the abscess which it usually creates.

The first procedure is attended by the dangers of peritonitis and hæmorrhage; and the second and third by those of hæmorrhage into the sac, septicæmia, and subsequent formation and discharges of an abscess located just under the peritoneum. By the process proposed and adopted by Dr. Thomas, he hoped to avoid the dangers of peritonitis by opening the fætal sac by the vagina, passing up to it between the folds of the broad ligaments. He seeks to prevent hæmorrhage by cutting into the sac by means of a knife rendered incandescent

by a powerful current of electricity. By the complete removal of both fœtus and placenta; and by drainage of the sac, and by the use of carbolized injections through a tube of glass or silver, kept in it, and discharging its contents by the vagina, he avoids septicæmia. Dr. Thomas has put the plan to the test in the following manner:

The patient having been ætherized, was placed upon a table before a window admitting a strong light, in the left lateral position, and Sims' speculum introduced. Through this the cyst to the left of the uterus could be distinctly palpated. Now, fixing a long-handled tenaculum in the cervix uteri, and another in the vagina, near the left ilium, this part was by them put on a stretch so as to make of that side of the canal a triangle, the base of which was over the cyst, and the apex at the vulva. Taking the platinum knife of the galvano-caustic battery. which was brought to a white heat, the operator now passed it gently over the base of the triangle described as created in the vagina, carrying it from one tenaculum to the other. By repeating this the vaginal wall over the lower segment of the cyst was slowly cut through. In six minutes the cyst was opened by the incandescent knife, and a straw-colored, slightly pinkish fluid was thrown out with considerable force. Thus far no blood whatever had been lost. With the index finger in the cyst, the fœtus was felt lying horizontally, with the head towards the ilium and the feet towards the uterus. The steps of delivering the child exactly resembled those adopted in ordinary podalic version. The final delivery of the head was facilitated by the employment of a pair of long-handled placental forceps. The cord was then cut, and an attempt made to deliver the placenta by gentle traction, and detachment, as is done after ordinary labor. At this point, the first difficulty showed itself. When a little over half of the placenta had been separated, a very severe hæmorrhage took place, and so much was the patient's condition depreciated by it in the two

or three minutes of its duration, that the operator was unwilling to delay for the removal of more. Tearing the detached portion off, a large gum-elastic catheter was passed into the sac and the latter injected with a solution of the persulphate of iron. The flow of blood was instantly checked, but the sac was left full of coagulated blood, and the remains of the placenta. A long tent of carbolized cotton, saturated with a solution of persulphate of iron, was substituted for the drainage tube. All went well till the evening of the fourth day, when symptoms of septicæmia showed themselves. These vielded to constantly repeated injections of carbolized water, at the end of a week. On the fifteenth day the remaining portion of the placenta came away spontaneously. On the sixteenth day evidences of an embolus in an unimportant vessel of the arm showed themselves, which created a small abscess. Ten weeks after the operation, Dr. Thomas had the satisfaction of seeing his patient in her parlor receiving company.

Reports of Societies.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

Regular Meeting, June 28, 1875.
(Reported by E. Warren Sawyer, M.D.)

Dr. McKennan was elected to the chair pro tem.

Dr. DeWolf reported a case of rare disease of the muscular structure. The subject was a boy of fifteen years, whose previous history presented nothing unusual; he had worked in a cotton factory since the age of twelve. During the later months of 1871, he complained of a weakness in the legs and back; his mother observed that the calf of his legs were swollen. In June, 1872, he was first seen by Dr. DeWolf, when the follow

ing was noted: entire groups of muscles, as of the extensors of the foot, gastrocnemei, glutei, the erector spinæ, and those over the scapulæ, had increased in size, much beyond their usual volume. The enlargement was uniform, and the form was preserved. Photographs were exhibited, showing very noticeable enlargement of the calves. He was able to stand alone only by arching the back strongly, in order to preserve the centre of gravity. Cutaneous sensibility perfectly normal. The muscles responded to the electric current, though less readily than usual. During the fall of 1872, he was confined to the bed and was unable to turn himself; began now to complain of an ache in the anterior part of his chest, From month to month, the muscles of the upper extremity and chest were observed to become firmer. and to lose their contractility, the abdominal muscles remaining natural. The respiratory function became more and more impaired, until death, which occurred in February, 1873. The functions of the brain, digestive apparatus, heart and kidney, were normally performed to the end.

The post mortem examination was necessarily limited to the removal of small bits of muscle from various "The apparent hypertrophy of the muscles was produced by a complete permeation of the tissue with fat, in which, however, the muscular fibre remained small and rather pale, but not affected with fatty metamorphosis." Not a simple accumulation of fat between the bundles of fibre which made up the muscle, but each muscular fibre was separated from its neighbor by a row of fat cells. "In the tissue of the shoulder, arm and forearm, a still rarer form of change had taken place. tissue was devoid of fat, but there existed a very marked hyperplasia of the connective tissue. Thick septa, of what I conceived to be newly formed connective tissue, were interposed, not only between the primitive fibres, but between the secondary bundles of fibres, and between the muscles themselves. The muscular fibre was small,

with here and there a granular appearance, but I did not observe any true fatty degeneration."

The writer then reviewed very extensively the literature and reports of analogous diseases.

In answer to Dr. Sawyer: the muscles of mastication and those of the throat were not involved. The patient died from inability to keep up the respiratory act.

The paper was further discussed by Dr. Bannister and others.

Dr. Thoms, of New York City, made some interesting remarks upon "floating hospitals," giving a history of the system, and the great benefits which have been experienced from it by hundreds of children of New York. The Dr. hopes soon to give a practical illustration of its advantages by sending a hospital boat upon Lake Michigan from our own city.

The remarks were discussed by Drs. Bartlett, Owens, DeWolf, and others.

CHICAGO MEDICAL SOCIETY.

Transactions at Regular Meeting, June 21st, 1875.

The President, Dr. William E. Clark, in the chair. In the absence of the regular reporter, Dr. Charles Warrington Earle was appointed for the evening.

The minutes of the preceding meeting having been read, and certain preliminary business transacted, the following paper by Dr. Norman Bridge was read:

Do Mental Emotions in a Pregnant Woman produce Deformity in her Child?

The medical profession have given little attention, in the way of direct study, to this subject. A few essays have been written, and a goodly number of cases bearing upon the question recorded, but most students when cornered for a positive opinion have evaded the point, and given a statement that concedes the possibility of both or either side being correct.

But there is a widespread popular belief that all kinds of deformities may come to unborn children, all kinds of marks and disfigurements, from such causes as a fright, an erratic thought, or any sudden, unusual or marked mental impression made on the mind of the gestating mother.

Reports of thousands of cases of such sequence pass from mouth to mouth among the people, and every case is so convincing in its minute and accurate statements that few people presume to doubt the truth of the

laws they seem to be governed by.

Many good and conscientious physicians join in this belief; they believe that they found their opinions on fact. This adds to the strength of the popular opinion vastly, for it always happens that a few of the choicest minds in a community will always follow the opinions of their cultivated doctors. So general is the popular belief in the possibility of damaging the child by wrong mental emotions on the part of the mother during its intra-uterine life, that there is a quite general carefulness on the part of pregnant women against excitement and mental disturbances of all kinds and in favor of a peaceful, tranquil and happy passage through this period of woman's experience. In deference to this opinion, too, and in addition to the natural instincts, husbands and friends are more considerate and careful of gestating women.

All this is most proper and commendable. But as a consequence of the belief, it often happens that women who know they have experienced profound and often painful emotions during the early months of pregnancy, are made more than miserable through the remaining weeks for fear their children will be deformed or marked. The expressions of this suffering are the frequent observation of every physician. The suffering is often severe

and distressing; it amounts to the worst possible mental agony.

I feel certain that in the aggregate the worry and suffering on this account, far exceeds that from any fear of the dangers and uncertainties of parturition. Whatever the preventive effect of this popular belief may be, the consternation on the part of gestating women for fear injury has been done, is a hardship so common and so appalling that I think it ought to be a subject of study with the profession whether there is any good ground for the notion.

If it is untrue, it comes to be almost a criminal cruelty to aid in its propagation. If it is untrue, it does no good; while the injury it works is so considerable that no word should be spared against it.

If it is true, of course it should not be denied; but then in that case it is a proper question whether the evil it does is not so much greater than the possible good, that anything that will aid the spread of it is unjustifiable. We study to avoid having patients with mortal diseases for months before death become fully aware of their incurability. Human peace and happiness are so precious a boon that we evade the queries of these unfortunates and laugh at their misgivings, and divert them with conversation and attentions and gifts. Why not then, if the belief in question be true,—why not fill the heads of people with so much beside, that they cannot think of it; why not switch them off from their musing on the subject and laugh at them for their devotion to a questionable notion that can only stab them?

But the personal belief of the writer hereof is against the truth of the conviction; and this is so strong and positive that it makes the popular view assume an aspect not creditable for scientific people to hold, and betrays him, in characterizing it, into the use of language that is sometimes neither becoming in him who uses it nor respectful to the people it hits, who are too often his professional seniors.

Dr. G. J. Fisher wrote some years ago an article op. posed to the idea that mental emotions in gestating women cause deformities in their children. He declared that most women during gestation have intense emotions and may see sights of awful and horrid character, yet deformed children are few; furthermore, in many cases. that is, where there was fright and no deformity, the mothers have expected their offspring to be monstrosities. I think any candid observer would say he has known of twenty women who had seen sights or had emotions and expected their babies to be deformed at birth, to every one who had borne a deformed child. "Like causes produce like results, yet the most widely dissimilar causes are assigned for the same deformity." All sorts and grades of emotions are invoked to explain a given deformity, and the emotions and their causes frequently have nothing about them to suggest the deformity. When a woman sees a hog with its throat cut and bears a child with a red mark on its throat, the theory of cause and effect looks plausible; but when the same kind of a fright is offered as a cause of an idiotic child. our concurrence may fairly be reserved. I have no doubt that in a majority of cases "the most widely dissimilar causes are assigned for the same deformity."

In a large proportiou of the malformations no explanation is offered by the parents. Is it possible that so vivid emotions as can cause such deformities as we are told about and see, can be so easily forgotten by parents who are human? Mankind all love mystery and won-

derful occurrences!

There is no doubt that in very many cases, probably four in every five, the explanation of a deformity by a mental emotion is an afterthought. After the birth of the child reveals a deformity, the woman asks herself if she had not seen a sight, been frightened, or had some other emotion, and of course it is easy to recall such a circumstance. I believe the cases where an emotion has occurred and a deformity is expected and it really occurs, and of a

character that could possibly be suggested by the nature of the emotion, are almost unheard of, and further, that in not one in a thousand of the reported (popularly reported) cases that are all remembered and circulated, are all these points inquired into. But the most awkward inconsistency of the claim that such things are possible is the fact that the date of the deformity of a part due to an emotion that occurred at a known period, is frequently after the part in the course of fœtal development must have been formed. A woman sees a man who is minus one leg, she is in a stage of pregnancy many weeks past the time when the lower extremities of the fœtus are known to be fully formed; the baby is born maimed in one of its legs.

If the sight caused the deformity, there must have been a veritable amputation. Well, Dr. Seguin says, I believe, that mental emotions may cause amputation of parts of the fœtus in utero. But has he or anybody else ever discovered the amputated limb? If fingers, toes, ears, arms and legs are amputated in the later months of utero

gestation, what becomes of them?

Seguin says also that deep gashes (wounds) may be made in the fœtus by mental emotions in the mother. This might be supposable could it be demonstrated that nerves connect the spinal cord of the mother directly with that of the fœtus. Dr. Tuke mentions some cases where mental emotions in sensitive people have led to great textural changes in the parts of the individual on which the mind was directed. But no such nervous connection has ever been made out, and it is denied on authority.

Dr. Fisher declares that malformations identical in kind and degree recur often in the human subject and admit of classification, and that they have their exact morphological counterparts in the lower animals, as well as some that are analogous in the vegetable kingdom.

Note the frequency with which cleft palate and harelip occur, and spina bifida. Would any one claim that these defects are due to mental emotion in the mother during utero gestation?

[The Doctor here quoted a large number of cases from the writings and observations of such men as Tuke, J. L. Smith, Hammond, Dalton, Carpenter, Brown-Sequard, and others, resuming his paper with the following apology and enumeration of cases in his own practice.]

I may be pardoned in referring to a few cases that have come under my eye and to my knowledge in the slight experience I have had in this branch of medicine.

Mrs. G. M. D. after a peaceful and tranquil pregnancy gave birth to a child with a spina bifida. Both parents were healthy, and there had been no unusual emotions. The woman was the daughter of a physician. One child before and one since have been born and both perfectly healthy.

Mrs. —, a healthy young woman, after a pregnancy marked by no emotions but those of perfect happiness, gave birth to a spina-bifidous child. She has since borne

a healthy and normal child.

Mrs. —, on the very day of the birth of the last mentioned deformed child, brought forth a child absolutely without a blemish. In the early months of the gestation she had seen her own husband kill a man, and had from that moment been unspeakably miserable in the firm belief that her child would be deformed.

On the 2nd of May, ultimo, Mrs. K. was delivered of her first child. She is a sensible woman but a sensitive one, and lived through most of her pregnancy in the active fear that her child would be a monster, because she had seen a dead-born, half-grown fœtus in the earlier months of her gestation. Her child, so far from being a monster, is the embodiment of beauty and symmetry.

These cases are gathered without effort. Nearly every member of the profession, if he will recall cases that have fallen under his observation, could muster a much larger array than I have—enough, at least, to convince him that the theory in question is a chimera.

But it is urged that, as the first offspring of the mother in a measure determines the character of her after issue, it somehow explains or establishes the theory we are discussing. It is known that children of a second marriage often resemble the first husband, provided the first marriage has been fruitful. A negress bearing her first child to a white man, bears light colored children afterward to a black man.

We are told a Zebra once impregnated a mare who afterward bore striped colts.

Stock raisers discard a mare or cow for the raising of blooded stock if she has borne the first offspring to an inferior animal.

Now it is claimed that these facts prove that the most wonderful influences can be carried through the mother's blood to the child in utero; that such is the manner of the effect made on the later offspring referred to.

But it is not proved, and it is highly improbable, that the mother transmits the qualities of either her father or her former husband to her children through the medium of her blood. It is far from rational that the resemblance of the product or offspring to the parent—characteristic of all animals and plants—is transmitted directly through so accidental and mutable a thing as the floating medium called blood. What of the animals that have no blood?

The blood is accidental; cells of tissue are all potent and constant, and the, and the only characteristic, cells reproduce their kind; nothing else on earth does.

If a woman bears children resembling a former husband, it simply *must be* because her tissues, not her blood, probably the ova in her ovaries, possibly her uterus, have had their characteristics changed by her former pregnancy.

The fact is, the only rational view we can take of the subject in the light of all our teaching on physiology and pathology is, that when a deformity or monstrosity

occurs, it is due to either an abnormal state of the generative matter of one or both parents at the beginning, or to some obstruction to the normal development of the fœtus. Development may be retarded—may be excessive, or perverted. A thousand different forms of disturbance might occur and each be capable of interfering with perfect development. There might be too much or too little blood supplied the fœtus; the quality of this fluid might be abnormal in countless ways. Accidents may occur, blows and falls. There may be frequent attempts at miscarriage, or the mother may be syphilitic or may have some acute disease. The maternal organism may be abnormal; so may the membranes, or the cord—indeed, it would be useless to attempt to give all the influences capable of arresting or disturbing the development of the ovum.

Mental emotion is such a cause; that is, it is a cause of disturbed nutrition, able to work a failure of a perfect development of the fœtus. It may act on the fœtus as it does on the stomach of the individual; if it disturbs the character of the blood, all parts of the body of the mother and of the fœtus alike would suffer in some measure.

But mental emotion does not act through the blood to disturb, in the most wonderful manner, a particular part of the body of the fœtus, the part varying according to the particular mental impression. To endow the blood with such wierd intelligence as this would require, is too great a load for our credulity. There is no philosophy in the theory that it so acts; all the truths of anatomy, physiology and pathology are directly against it. It is in nature more nonsensical than the theory that the decillionth of a grain daily of sulphur will cure hipjoint disease. It has nothing in its favor except the fact that in an occasional case a deformity occurs as, judging from an emotion really experienced, the mother expected it would. But the cases of this kind are no more frequent than, by the rule of possibilities, the mathemati-

cians would tell us they must occur in the course of events, as the inevitable accident, the coincidence. By a similar system of figuring, they would aver that, in a large and busy city like Chicago, with all the dangers incident to travel and business, and with the native human carelessness in the face of familiar dangers, out of each quarter million of people a given number would be sure, each year, to have their legs broken, and they would undertake to tell us whether most of the fractures would be on the right or left side of the body.

But if the popular belief is true, it is so near a falsehood that, in the interest of pure humanity, the profession ought to turn their faces against it.

The profession ought everywhere, and on all occasions when the subject is broached, to deny the probability of the notion.

From beginning to end the belief partakes of the nature of stories that are published in newspapers, and pass from mouth to mouth, growing as they go; which have no philosophy or reason for their foundation. They start out of the necessity on the part of little thinking people of hatching up some single and tangible cause to explain every peculiar occurrence, regardless of whether such be *capable* of explanation, out of the towering necessity of having a scape-goat for everything; they are remembered and retailed to everybody, and enlarged, through the mania, on the part of the same little thinking people, for always having some wonderful thing to tell or to hear.

The profession ought to be no longer chargeable with propagating such a delusion.

In the discussion which followed the paper, Dr. Paoli, misunderstanding the ground taken by the author, referred to many of the foolish theories believed by the people, and placed the opinion received by many, that mental emotions in the pregnant mother produce marks and deformities in her offspring in the same category.

Maimed men, many of whom we knew since the war, marry and beget healthy and perfectly formed children. He believed that bad air, bad hygenic regulations, bad nutrition, etc., were the causes which produced the de-

formities mentioned in the paper.

Dr. Hutchinson—than whom there is no one more able—recalled the biblical knowledge of the Society. He spoke of the efforts made centuries ago, to produce certain peculiarities in the offspring of the lower animals. He could not give a reason why children were born deformed and marked, but thought it was bad nutrition. The same speaker related cases in his own practice, where the birth of deformed children were followed by the perfectly formed and healthy.

Dr. J. S. Knox remarked that it was an established fact, he believed, that no nervous connection existed between the mother and child. Any deformity existing

must be the result of bad nutrition.

Dr. Lee related the history of several cases of marked and deformed children, giving the reasons assigned by the parents:

Dr. Engert believed that deformities were inherited the

same as family resemblances.

Dr. Stevenson believed that certain members of the profession had strengthened the opinion in the minds of the people, and referred particularly to a novel published some years ago, the author of which was not only a physician but a gentleman of rare literary acquirements. The book represented * * * * * and had a large sale, and undoubtedly influenced the people to a considerable degree, coming, as it did, from a physician. It seemed to her much easier to explain marks and deformities than to account for hereditary transmissions.

The President said that it was not wonderful that the people believed deformities, etc., were produced by mental emotions; indeed nothing was too outrageous as not to find some to readily accept it. Men carried dried potatoes in their pockets for years, and believed them a

sure preventive against rheumatism. Horse-shoes were displayed above the doors, in dwellings, where in every thing else the occupants appeared rational and sensible.

The medical delusion, Homeopathy, was advocated and championed by many who, on all other subjects, seemed to be possessors of a well balanced and cultivated intellect.

At a late hour the Society adjourned, to meet in three weeks at the residence of the President.

WISCONSIN STATE MEDICAL SOCIETY.

29th Annual Meeting ..

The 29th Annual Meeting of the Wisconsin State Medical Society opened at the Assembly Chamber, in the Capitol, at Madison, Tuesday evening, June 1st.

Owing, doubtless to the stormy weather yesterday and last evening, there was but a thin attendance.

The meeting was called to order by the President, Dr. J. T. Reeve, of Appleton, at whose invitation, Rev. Thomas Bright, of this city, offered a prayer. Music by the Lake City Band followed, after which the report of the Committee of Arrangements was called for, and in the absence of Dr. Brown, chairman of the committee, Dr. Wm. Fox read the programme of proceedings as fixed upon by the committee. He also added that the members of the Society had been invited by Dr. McDill to visit the Insane Hospital, Wednesday afternoon. He had arranged with the Railroad Company for special trains to carry them to and from the Hospital. Dr. Fox also said that a steamboat excursion upon our beautiful lakes had been arranged by the committee.

On motion of Dr. J. B. Whiting, of Janesville, the report of the committee was adopted.

The Secretary, Dr. Nichols, of Milwaukee, then called the roll of the members of the Society, some fifty answering to their names. 588

President Reeve then proceeded to address the Society. expressing in the outset his great regret that Dr. Kempster had been unable, on account of sickness in his family, to be present and deliver the lecture which had been expected of him. He tendered his acknowledgments to the Society for having done him the honor to choose him their President, and he hoped the meeting would result in the development of the most friendly feelings among the The Society was organized in this city a third of a century ago, and he congratulated its members upon the progress it had made and the good it had accomplished since then. He traced the history of the practice of medical skill from the early ages, when the sick were exposed in the market places, when the priests were the only physicians, and superstitious rites their practicea state of things that had lasted for 2,000 years, till the time of Esculapius, whose skill in the healing art, it was said, had angered Pluto, robbing that deity of many a Hippocrates had been the first to reduce medical science to anything like order, and to study with cautious care the proper treatment of diseases. He spoke of Galen; of the long period after him when medical science seemed to make no progress; spoke of the later eminent men, such as Servetus, Harvey, Warren and Mott, and declared that medical science did more for human happiness than all the other learned professions combined.

He spoke in condemnation of the class of pretenders and specialists, who claimed to have made new and wonderful discoveries of cures, naming Thessalus, Paracelsus, and, later, one Perkins, who had invented what he called metallic tractors, claiming for them great medical virtues, but which had proved to be worthless. He contrasted these with Hippocrates, who had taken upon himself an oath to study diligently the symptoms of patients, the proper remedies to be administered, and their whole medical treatment. He denied that regular physicians were stationary, as charged by some, but claimed that

they were in favor of all right progress; that they stood alone upon medical science and experience, and that their practice embraced the best of eclecticism. He said:

"Our belief and claim is that we stand on the only truly broad and charitable platform—a platform so catholic in its outreaching nature and sympathies, so pure in its purpose to gather from every source whatsoever, all that can be found to contribute to the cure of disease, the prevention of sickness or the prolongation of life, that none seeking the truth need to stray from it, which demands of none blind adherence to specified dogmas, which asks of those who affiliate with us only an intelligent knowledge of their profession, an honesty of purpose in its practice, the keeping in subordination all special dogmas, and the standing alone on professional knowledge and merit for patronage and preferment."

The following are the closing passages of the address: "To popularize medical knowledge is one of the pressing duties of the day. The field for legitimate medicine in this direction is broad, and too largely uncultivated, vet we rejoice that here and there the good work has been begun. The interests of humanity, the interests of scientific medicine, the thirst of the people for knowledge, all speak to us a lesson—that we give to the people in suitable language pure and healthful medical literature: thus we may save them from many a snare, and from many a destructive pitfall. If we believe our science to be true. let us so present it to the public mind, that its truthfulness will be appreciated, and its practice honored and trusted. If there is aught in it incapable of bearing the closest scrutiny, let that part of it fall, however venerable its usage or however largely supported by authority. Legitimate medicine claims for itself no exclusive privileges; it seeks to conceal nothing, as it needs to conceal nothing; it shrinks from no scrutiny, but ever courts an investigation of its principles and its practice, of its

science and its art. In all ages it has been 'the hope of the diseased throughout the world.' Chiefly through its instrumentality have its great hospitals, insane asylums and other charitable institutions of every kind been founded, and to-day it is the custodian of the chief of them throughout the world. So active has it ever been in these works of practical benevolence, breathing the spirit of the Divine Master, Himself the great Physician. that one has termed it Clinical Christianity, and another has spoken of it as Christ's Physical Gospel. Who can estimate its services to the world? Who can compute the value of the discovery of Jenner, which has robbed the world of the terror of one of its greatest pestilences? Who can put a price upon the relief from pain secured by chloroform? How will you estimate the value of life prolonged and sickness prevented? The health of the people is both the wealth and the safety of the nation. and in the preservation and prolongation of this are being achieved, and in the future are yet more to be achieved, some of the 'surest and most glorious triumphs' of medicine.

"Yet great as have been its achievements in the past, there opens up before us a boundless future. The 'Higher Success' of medicine is at once 'the dream' and the ambition of its votaries. The triumphs of medical science in the future are to be bounded only by the intellect and heart which God shall give to its followers, for partaking of the Godlike in its nature and mission, it may reach

after the Infinite.

"Let us who are the custodians of its present honor see to it that it passes to the next generation untarnished, ever remembering, in the beautiful language of Dr. Willis, that the servant of religion hath no more of true sanctity about him than the good physician. The service indeed that was rendered of old in special temples to the Divinity, conceived in one of his most beautiful attributes, is not yet extinct upon earth, but has its ministering priest ennobled by Christianity in every worthy member of the profession. Oh, let society cherish its medical community; let it become aware that if science cannot aid in its struggles with disease, neither can ignorance; that nothing can by possibility be known to the quacksalver and ignorant empiric that is not familiar to the educated physician; that a youth of devotion to his art is too little to familiarize him with all the varieties of disease, and the means of meeting them successfully; and that there is no access to the temple of medicine, save through the intimate knowledge of the laws by which we live and move and have our being."

The address was listened to with great attention, and at its close elicited hearty applause. On motion of Dr. Van Dusen, of Mineral Point, the thanks of the Society were unanimously tendered to Dr. Reeve, for his learned, able and interesting address.

Dr. Whiting, of Janesville, inquired of the Secretary if there was any business to present to the meeting; if there was none, he moved to adjourn.

Dr. Marks, of Milwaukee, asked if there was not some unfinished business of the last meeting, which might be acted upon.

The Secretary replied that there was an amendment to the constitution, offered by Dr. Bartlett, last year, which it was proper to act upon. The amendment was to article 9, relating to membership of the Society, and requiring medical students to procure certificates of good moral character and attainments, of the State Board of Censors, and was to confer this power of granting certificates to the censors of county societies, which—after a lively debate, in which Drs. Van Dusen, of Mineral Point, Thomas, of Oshkosh, Whiting, of Janesville, Wight, of Milwaukee, Favill, of Madison, Ferrin, of Mentor, Mason, of Prairie du Chien, Palmer, of Janesville, Dalton, of Mineral Point, Williams, of Cambridge, and M. M. Davis, of Baraboo, participated—was rejected, by a vote of 22 to 17.

Dr. Van Dusen moved that, as but one of the Board of

Censors, Dr. Mason, was present, Drs. Strong and Bartlett being absent, and there were likely to be candidates for admission to the Society, the President appoint two members to fill the vacancies, and the motion being carried, Drs. Van Dusen and M. M. Davis were so appointed.

The meeting then adjourned to 8 o'clock Wednesday

morning.

WEDNESDAY, June 2.

The meeting was called to order by the President.

The reports of the Secretary and Treasurer, Dr. F. Nichols, of Milwaukee, of the proceedings of this year, were presented. The receipts of the year were reported to be \$566, mainly from membership dues, and the expenditures, of which \$220 were for printing transactions, were \$387. The reports were adopted, and the Treasurer's report was then referred to the Finance Committee.

Reports of interest to the members of the profession

were read as follows:

By Dr. Ira J. Manly, of Markesan, from the Committee on Practice, embodying many interesting cases and suggestions therefrom in regard to treatment of fevers by water, as now practiced extensively in Europe and America. Also in the same paper were remarks on rheumatism and transfusion of blood. The report elicited remarks by Dr. Stoddard, as to whether arterial blood could not be safely infused by the immediate method, instead of venous as heretofore used.

Remarks were made by Dr. Whiting on the use of Peruvian bark in the treatment of rheumatism. Tincture of iron was recommended by Dr. Manly, and alkalies and diaphoretics by Dr. Stansbury. The report was referred to the Committee of Publication.

The report of the Censors recommended the following gentlemen for admission to membership: Dr. James Guinan, New London; Dr. John A. Masterson, Waterloo; Dr. Chas. S. Taylor, Janesville; Dr. J. G. Meachem, Jr., Racine; Dr. Chas. Egan, Highland; Dr. N. H. Norris,

Beloit; Dr. Joseph Van Buskirk, Ironton; Dr. M. R. Gage, Sparta; Dr. L. C. Cowles, Baraboo; Dr. W. H. Vittum, Baraboo; Dr. D. O. Bennett, Waterloo; Dr. D. F. Boughton, Madison; Dr. W. H. Gleason, Mazomanie; Dr. J. J. Leavitt, Fennimore.

The report of the Committee on Surgery was a paper by Dr. Marks, on new methods of ligating arteries. It gave suggestions by Dr. Webber, of Cleveland, of pocketing the extremity of the artery as a substitute for ligation. Dr. M. recommended ligation by deer tendon, carbolized, as a method superior to ligations heretofore used. Discussion ensued on the subject by Drs. Stoddard, Palmer, and others. Dr. Day, of Wauwatosa, gave a case where Dr. Marks used tendonous ligature, and considered it superior to the silk. Dr. Stoddard questioned the reason for applying tendon instead of silk carbolized, both being animal tissues. The report was adopted and referred to the Committee on Publication.

Dr. Whiting moved that papers be referred to the Committee on Publication, after being read in regular order, which was objected to, and rejected by vote.

Some further remarks were made by Dr. Dalton on animal ligatures; also, by President Reeve. Dr. Manly inquired what became of ligatures in the abdominal cavity, which was answered by Dr. Marks, recommending, as before, animal tendons, instead of silk, as being more easily absorbed. This statement was questioned by Drs. Stoddard, Whiting and Palmer. Dr. Palmer sees no superiority in tendon over silk, that also being, as was before stated, an animal substance, and consequently as capable of absorption.

Dr. Faville requested a change of the regular programme, that a committee might be appointed to investigate a case of alleged malpractice. Consented to. A committee of five was chosen by the chair, viz.: Marks, Whiting, Dalton, Mason and Manly—to report immediately.

Dr. Day reported a case of amputation by Dr. Marks, Vol. XXXII. — No. 8.

with the use of carbolized deer tendon for ligature, with a very successful result. Had primary union in nearly its full extent, but was retarded somewhat by the necessity of using a silk ligature in one part.

It was voted that the invitation of Dr. McDill to visit

the Insane Hospital be accepted.

The Committee on Pathology, Dr. Palmer, begged to be excused, as he had no report prepared—not having been notified.

Dr. Senn read a paper on transplantation of bone, which was adopted and referred as usual.

The Committee on New Remedies presented a paper read by Dr. Armstrong, which elicited considerable discussion. The report was adopted.

A very interesting report of Dr. Wigginton, of the State Hospital for the Insane, on pathology of train diseases, and treatment, was read and referred to the Committee on Publication.

Dr. Palmer reported a case of unusual interest, of tubal pregnancy, and exhibited a post-mortem specimen, to illustrate this condition.

Remarks were made by Dr. McCall on a like case

occurring in his practice.

From the Committee on Diseases of the Eye and Ear, Dr. Stoddard read a paper, which was referred to the Committee on Publication.

Adjourned till 1.30 P. M.

AFTERNOON SESSION.

The Society met at 2 P. M. and was called to order by the President.

Dr. Linde read a paper upon Diseases of the Skin, which elicited some discussion and was referred to the Committee on Publication.

Some little time was then occupied in making some arrangements for the banquet in the evening.

Dr. Griffin then read an essay upon small-pox and vaccination in reference to making it compulsory, taking strong ground in favor of such statute law.

The doctor gave statistics from which it would seem that the theory advocated by him should be adopted. After some remarks by members of the Society, the paper was referred to the Committee on Publication.

At about half past three the Society adjourned, and repaired to the North-Western depot where a special train was provided and waiting to take the party around the lake to the Wisconsin Hospital for the Insane. The party was under the escort of Dr. Wiggins, Assistant Physician at the Hospital, and was cordially received at the Asylum by Dr. McDill and his accomplished wife, and by Mrs. Halloday, the long-time faithful matron of the Institution. After looking through the Hospital, where everything was found in first class order, and partaking of choice refreshments generously served, the party returned to the city, and at nine, all assembled at the Park Hotel, where was provided by the Committee of Arrangements a grand banquet.

The large dining hall at the hotel was festooned with flags in a handsome manner and the long rows of tables were burthened with flags, flowers, cakes and delicacies of which no description can do justice.

THIRD DAY.

(From the Daily of June 4.)

The State Medical Society met again yesterday morning at 8 o'clock. Several committees were appointed, and a paper of Dr. Kempster was referred to the Committee on Publication.

Dr. H. P. Strong, of Beloit, made a report recommending the following names as suitable persons for officers for the ensuing year, who were elected:

President-Dr. J. B. Whiting, Janesville.

Vice-Presidents—Dr. Ira Manly, Waukesha, and Dr. F. Senn, Milwaukee.

Secretary and Treasurer-Dr. J. T. Reeve, Appleton.

The following were appointed as delegates to the American Medical Association: Drs. Manly, Waterhouse, Strong, Palmer, Butterfield, Fox, Dodson, Mason, Armstrong, Rogers, Stansbury, Bond, Griffin, Cory, Zeilley, Britt, Linde, Whiting, Smith, and J. Hobbins.

The following resolution expressing disapprobation of President Bascom's remarks on the subject of mixed medical schools in connection with the State University,

was adopted:

Resolved, That the Society express its disapprobation of any action looking to any mixed medical schools in connection with the State University.

A vote of thanks was extended to President Reeve and Secretary Nichols, of the Society, for the prompt manner in which they had performed their duties; also to M. H. Irish, of the Park Hotel, for his courteous efforts to make them and their families feel at home, and for the banquet provided; also to the Press for the interest manifested in their meeting; also to Dr. McDill, of the Hospital for the Insane, for kindness shown them; also to Col. Knight, Superintendent of Public Property, for the use of his room.

The Society voted to hold its next meeting in Milwaukee, and the Committee of Arrangements were instructed to prepare a banquet.

Adjourned.

THE CASS COUNTY (IND.) MEDICAL SOCIETY.

The Society met in the room of Hall's Business College, in Logansport, June 30, 1875. The President, Dr. A. Coleman, in the chair.

After the usual routine business, the clinic was opened by Dr. W. H. Bell, presenting a case of softening of the tibia, which was prescribed for.

Dr. Adrain introduced a case of ulcerated cornea, which was examined and discussed briefly by several of the members.

Another case was presented by Dr. Adrain, who asked the society to examine and give him the etiology,

pathology and therapeutics of it.

Dr. Fitch said it belonged to a class of cases which he recognized as an "Anomalous disease of the Tongue," in a letter to the *North-Western Medical Journal*, in 1838. It was epidemic then, and cases had been seen occasionally since that time.

Dr. Coleman said he had treated the case before the Society, and he recognized it as belonging to the class of cases spoken of by Dr. Fitch, and the same that he had described in a short paper read before the Society the past year. It commences with a stinging or burning pain in the tongue, the tip and edges are red and may become fissured, the saliva is hot and scalding, the papilla and epithelium slip off, and the tongue is left smooth. The patient may be able to work, and possess a good appetite, but only the mildest food can be taken. It may change to the soles of the feet, with like symptoms there. The treatment is not satisfactory, though tonics had done good, and creasote, he thought, beneficial. The patients improved slowly, but generally recovered in the summer season.

Dr. Adrain thought it belonged to the dartrous diathesis, that a skin disease generally preceded it, and that alteratives would act well.

Dr. Adrain then read a paper on cerebro-spinal meningitis, which was discussed by Drs. Bell, Fitch, Coleman, Adrain, and Faber.

The third annual election of officers was then held, and resulted in the selection of—

Dr. Graham N. Fitch, President.

R. Faber, Vice-President.

I. B. Washburne, Secretary.

J. M. Justice, Treasurer.

J. A. Adrain, Wm. H. Bell, and J. Z. Powell, Censors. The Society then adjourned to meet Wednesday, Oct. 6th, 1875.

I. B. WASHBURNE, M.D., Sec.

From the New York Medical Journal.]

THE AMERICAN NEUROLOGICAL ASSOCIATION.

The first session of this Association was held in this city, June 3rd, 4th, and 5th, Dr. J. S. Jewell, of Chicago, occupying the chair. The following members were present: Drs. J. S. Jewell, Walter Hay, and H. M. Bannister, of Chicago; Dr. R. Bartholow, of Cincinnati; Dr. J. K. Bauduy, of St. Louis; Dr. M. Burnett, of Knoxville; Dr. E. R. Hun, Jr., of Albany; Drs. E. H. Clarke, R. T. Edes, J. J. Putnam, S. G. Webber, and F. D. Lincoln, of Boston; Drs. S. Weir Mitchell, William Pepper, and H. C. Wood, Jr., of Philadelphia; Drs. J. Van Bibber, and F. T. Miles, of Baltimore; Dr. H. D. Schmidt, of New Orleans; Dr. F. D. Lente, of Cold Spring, N.Y.; Dr. J. C. Shaw, of Brooklyn; Drs. W. A. Hammond, Meredith Clymer, E. C. Seguin, T. M. B. Cross, J. J. Mason, F. K. Kinnicutt, A. D. Rockwell, D. B. St. John Roosa, A. McLane Hamilton, E. G. Loring, J. C. Dalton, J. W. S. Arnold, N. B. Emerson, T. A. McBride, and J. S. Lombard, of New York.

On motion of Dr. McBride, the following resolution was adopted:

"It being the sense of this Association that its proceedings should be reserved for the profession and the medical press, be it "Resolved, That reporters from non-medical journals be excluded from the meetings of the Association; and that any information metable has been pressed by the Association."

cluded from the meetings of the Association; and that any information requested by the press be furnished by the Secretary, under the guidance of the officers of the Association."

The Committee on Organization, through Dr. Meredith Clymer, reported the subjoined Constitution and By-Laws, which were adopted:

CONSTITUTION.

I. This Association shall be named and known as "The American Neurological Association."

II. It is established to promote the study of neurological science in all its departments.

III. There shall be two sorts of members, namely, active members—not exceeding at any one time fifty in number, and who shall be at the time of their election residents of the United States—and foreign associate members, not exceeding at any one time twenty-five in number, and who shall be non-residents. Active and foreign associate members shall be elected by ballot on the recom-

mendation of the Council, on one day's previous notice of such ballot, by a majority of all the members present:

Provided, That no one shall be eligible for active membership unless he has previously submitted a paper on some subject connected with neurological science, which paper shall be referred to the Council for examination and report. Active members only shall be entitled to vote at any meeting, or be eligible to any office.

IV. The officers of the Association shall be a President, two Vice-Presidents, a Corresponding Secretary, a Recording Secretary, who shall perform the duties of Treasurer, and a Curator. They shall be nominated by a Committee of Nomination of five members, appointed by the President on the first day of the annual session, and who shall report on the day following, immediately after which the election shall take place. The election shall be by ballot, and the person who shall have the greatest number of votes shall be declared elected to the office for which he may be a candidate.

In case of a vacancy occurring in any office between the dates of the annual election, it shall be filled by the Council until the next annual election.

The officers shall enter upon their duties immediately after the organization of the annual session next after their election, and shall hold office for one year:

Provided, That the officers of the first session shall be elected immediately after the organization of the Association, and shall hold their offices until the election at the second annual session.

V. The Council shall consist of the officers of the Association, shall manage the affairs of the Association, subject to the Constitution and By-Laws, and shall report to the Association at large at each annual session.

VI. The annual session of the Association shall be held on the first Monday in June, in each year, and at such place as shall be designated by the Association at the previous annual session, and shall continue for three days, unless the time be extended by a vote of the Association.

VII. This Constitution may be amended by a twothirds vote of all the members present, at any annual session, provided that notice of said proposed amendment in writing be given at the annual session immediately preceding.

BY-LAWS.

1. Each and every member of the Association shall pay annually to the Recording Secretary the sum of five dollars.

No member who shall be in arrears for one year shall be entitled to vote, or be eligible to any office in the Association.

2. The officers of the Association shall discharge the duties belonging to their respective offices. The President shall be ex-officio chairman of the Council.

3. The Council shall meet as often as the business of the Association may require. They shall keep a record of their proceedings, which shall be read at the annual session of the Association. They shall not have power to make the Association liable for any debts exceeding in total the sum of one hundred dollars in the course of any one year, unless specially authorized to do so by a recorded vote of the Association.

4. The order of business at each meeting of the Association shall be as follows:

5. The titles of all papers to be read at any annual session shall be forwarded to the Corresponding Secretary not later than one month before the first day of the session. All papers that may be read before the Association and accepted shall become the property of the Association, and their publication shall be under the control of the Council. All publications of the meetings of the Association shall be under the direction of the Council.

6. These By-Laws, or any one or more of them, may be amended, or repealed, or suspended, by a two-thirds vote of all the members present at any meeting during an annual session, provided notice in writing of any proposed amendment or repeal has been given at the meeting immediately preceding the one at which the motion is made and the vote taken.

The following report of the nominating committee was unanimously adopted:

For President—Dr. S. Weir Mitchell, of Philadelphia. For Vice-Presidents—Dr. J. S. Jewell, of Chicago; Dr. E. H. Clarke, of Boston.

For Corresponding Secretary—Dr. J. J. Mason, of New York.

For Curator—Dr. J. W. S. Arnold, of New York.
For Recording Secretary and Treasurer—Dr. E. C.
Seguin, of New York.

A communication was subsequently received from Dr. S. Weir Mitchell, containing his resignation of the presidency, and Dr. Jewell was elected President in his place, Dr. E. H. Clarke being made first Vice-President, and Dr. F. D. Miles, second Vice-President.

A paper on the study of myelitis, by Dr. Webber, of

Boston, was read and discussed.

Dr. Miles reported a case of spinal paralysis, with partial recovery.

Dr. Hammond presented a case of athetosis.

Dr. Van Bibber read a paper on the treatment of paralyzed muscles by elastic relaxation.

Dr. Putnam reported an interesting case of injury of

the brachial plexus.

Dr. Van Bibber reported also a case of coincident nerve-injury and cutaneous eruption, which called forth remarks on similar cases by several gentlemen.

Dr. Rockwell read a paper on electro-medicine with reference to its physiological and therapeutical relations to the nervous system.

Dr. Putnam read a paper on a case of circumscribed

analgesia of the skin after typhoid fever.

Dr. Hamilton exhibited a new and ingenious dynamometer, consisting essentially of a rubber ball, and a glass tube to show and register the degree of pressure exerted on the ball.

Dr. Hun presented a specimen of fracture of the odon-

toid process.

Dr. Lente read a paper on neuralgia and other neuroses

arising from cicatrices in the scalp.

Dr. Hammond presented a paper on pigmentary deposits on the brain as the result of malarial poisoning.

Dr. Hay offered a specimen of hemiplegia, with clot on the same side.

on the same side.

Dr. Hammond nominated for membership Drs. S. Oakley Vanderpoel, T. Edwards Clark, and Clinton Wagner, of New York.

Dr. Mason nominated Drs. J. P. Gray, of Utica, and D. H. Kitchen, of New York.

Dr. E. C. Seguin nominated Dr. G. M. Beard, of New York

Dr. Hammond offered the following:

Resolved, That, as the number of active members of this Association is limited to fifty, it is inexpedient to elect to membership superintendents of lunatic asylums, but that in this action the Association does not wish to depreciate the labors of these

gentlemen, and is further influenced in this action by the fact that there is already an association composed exclusively of superintendents of such asylums.

After discussion, the matter was referred to the Council, with instructions to report at the next session of the

Association.

Drs. Clymer, Hammond, and Hamilton, were appointed a Committee of Arrangements to act in conjunction with the Council for the session of next year. It was decided to hold the next session of the Association in this city, on the first Wednesday in June, 1876.

Selections.

ON THE USE OF WARM AND HOT WATER IN SURGERY.

By FRANK H. HAMILTON,

SURGEON TO BELLEVUE HOSPITAL, NEW YORK.

Gentlemen: It is many years since I had an opportunity of addressing you as members of this Society. In the meantime experience has brought, to me many new and interesting observations. From these I have selected that one, as the theme of a few remarks, in which my interest has been the most recent, and, perhaps, I might justly say, the most profound, namely,

the use of Warm and Hot Water in Surgery.

In 1851, Amussat, of Paris, sent me a copy of his monograph on the "Use of Water in Surgery," which I translated and published in the Buffalo Medical Journal. In this brochure the conclusion was reached that, as a rule, that temperature was most useful which was found on trial to be the most agreeable; and that, in most cases, this would be a temperature of about 68°, Fahrenheit; that is to say, water at a temperature considerably below the natural temperature of the body, but not cold water. During most of my life I have been guided by the experience of Amussat, and have employed water, as an external application in surgery, at a temperature which might be called tepid or cool. Two years

ago I was made consulting and operating surgeon to the St. Francis Hospital, in New York City—a hospital of two hundred and fifty or three hundred beds—and found the gentlemen in that institution, all thoroughly educated German physicians, using warm and hot water in nearly all cases of surgical accidents. Dr. Achilles Rose, who had the principal care of the surgical accidents, was more especially interested in the subject, and first called my attention to it. The practice was new to me, and had been imported, I was informed, from the practice of certain German surgeons. I watched with care the results, and I soon became convinced that here was a means of controlling inflammation, and of preventing the numerous accidents incident to traumatic inflamma-

tion, of most wonderful efficacy.

To be brief, during two years or more of service in that hospital, I have never seen a case of gangrene extending beyond the parts orginally injured, nor of erysipelas originating during the treatment, nor of pyæmia or septicæmia. I have also employed the same method for two years, when, as surgeon-in-chief, I was in charge of the Reception Hospitals, and the same practice is now employed in the wards under my care at the Bellevue Hospital. My experience, therefore, includes the management and observation of probably more than one hundred cases, with either hot or warm water, and all has tended to confirm my early convictions of the value of this plan. It cannot be denied that both cool and cold water are sometimes effective in preventing, or in arresting, the progress of inflammation; but it is plain to me that warm and hot water do this more certainly, and without the danger of those terrible accidents, such as gangrene, caused by the depression of the temperature and consequent devitalization of the parts.

There are two modes of using the water: one by submersion in a bath, and the other by fomentation. Of these the bath is the best; but it can only be employed in cases of injuries of the hand and forearm, or of the foot and leg. Those which we employ are manufactured by Otto and Rynders, and are made of zinc, and are furnished with stop-cocks for the purpose of renewing the water at pleasure. The temperature employed for ordinary injuries is from 95° to 100°, Fahrenheit, but in cases of gangrene we elevate the temperature to 105° or 110° sometimes. Slight variations in temperature do not affect the results, and in most cases it is found sufficient

to change the water three times daily. It will be understood that neither sutures, adhesive plasters or rollers are employed. Union by "first intention" is not therefore expected by this method. If we desire primary union we must employ fomentations, not submersion; nor even then shall we avoid secondary accidents so cer-

tainly as when we omit sutures and bandages.

When a limb is submerged it soon becomes ædematous, partly in consequence of the depending position and partly in consequence of endosmosis; and this ædema is so great often as to cause apprehension in the minds of those inexperienced in its use; but it will be found almost always that there is no tenderness on pressure, and if the limb is removed from the bath at the end of twelve or fourteen days the ædema will soon disappear. Let me not omit to say, that in order to avoid all danger of a hæmorrhage, we rarely submerge a limb until twelve or twenty hours after the accident.

Fomentations are employed after the lapse of twelve or fourteen days in nearly all cases, and occasionally at night when the patient is weary of the bath; and in other cases in which we cannot use the bath, fomentations

are employed from the beginning.

If fomentations are employed, the parts must be kept thoroughly saturated with water. Merely moistening the surface will not accomplish the results desired. Three or four sheets of lint should be soaked in the water and wrapped about the injured parts, and over this a large mass of cotton batting should be placed, the whole being enclosed in soft vulcanized rubber or oil silk. This may require to be renewed three or four times

daily.

Permit me to relate one or two cases by way of illustration. A man was brought to the Park Reception Hospital whose foot had been traversed by the wheel of a car, crushing the bones and the flesh below the tarsus. Every one knows how certainly such an accident proves fatal if we do not amputate the foot, and we can seldom amputate below the ankle joint. This limb was immediately placed in a bath at a temperature of about 95° or 100° Fahrenheit. During the following six or seven days he suffered very little pain; there was no traumatic fever, nor did the gangrene extend a line beyond the parts originally injured. About this time, at one of my visits, I discovered that gangrene had commenced above the seat of the injury, and had within a period of

twenty-four hours, extended about one inch. It was now ascertained that the temperature of the bath had become very much lowered, so that to my hand it felt cool. The orderly had omitted to renew the water. At once the cool water was withdrawn, and water at a temperature of 105° Fahrenheit substituted. On the following morning the gangrene was arrested, and from this time the wound continued to do well, and a recovery eventually took place, with only the loss of the extrem-

ity of his foot.

A man was brought to the 99th Street Reception Hospital with a compound fracture of the tibia and fibula, the fracture being a little below the middle of the leg. The house surgeon attempted to save the limb, but gangrene ensued, and on the third day I was summoned. gangrene had now reached the middle of the leg, and was extending rapidly upwards, while an erysipelatous inflammation reached above the knee. His pulse was rapid and his general condition very bad. It is scarcely necessary to say, that under these circumstances amputation would probably have hastened a fatal termination. As soon as the bath could be made ready, the limb was submerged in water at a temperature of about 105° Fahrenheit. The following day his general condition had much improved, and on the ninth day, I think it was, the limb was spontaneously separated at the point of fracture. From the hour that the limb was submerged the erysipelas began to decline, and the gangrene was arrested.

I cannot venture to occupy your time with any more extended remarks, as there is so much unfinished business pressing on the Society, but may refer you to the *Richmond and Louisville Medical Journal* (published at Louisville, Ky.) for January, 1874, in which I have given a more full account of the mode of precedure in these cases; also to the *New York Medical Record*, of May 15, 1874, containing a supplement to these obser-

vations.

EDITOR'S NOTE.—The above article is reprinted from a small pamphlet just issued by G. P. Putnam's Sons, New York, in order to direct attention to a subject which so well deserves it. The testimony of an expert, like Dr. Hamilton, equally distinguished for his honesty and prudence, as for his sagacity and skill, does not need

the ample corroboration supplied in his admirably conducted wards at Bellevue Hospital, where the good results of the practical application of his conclusions are

apparent.

The value of this agent in surgical practice, has moreover been thoroughly demonstrated by Prof. Moses Gunn, of Rush Medical College, both in his surgical clinic, and in his wards at St. Joseph's Hospital, and has received his cordial approval. So well is the professor's predilection for getting his patients into actual hot water understood by the students, that they have learned to expect metaphorical hot water for themselves if they neglect it.

Editors' Book Cable.

[Note. — All works reviewed in the pages of the Chicago Medical Journal may be found in the extensive stock of W. B. Keen, Cooke & Co., whose catalogue of Medical Books will be sent to any address upon request.]

Annual Address before the Society of the Alumni of the Medical Department of the University of Pennsylvania. By Cornelius G. Comegys, M.D., Lecturer on Clinical Medicine in the Cincinnati Hospital, Ohio, etc., etc.

The above address is worthy of notice inasmuch as it is above the average of similar productions, and moreover presents some noteworthy propositions. Commencing with an eloquent tribute to the old Professors of the Faculty of Medicine of the University, both living and dead, the author proceeds to the consideration of "the position and responsibility of medical men." Under this head, he urges upon medical men the necessity of devoting more time and attention to the subject of "State Medicine," i. e., public hygiene, and to a more active "participation in legislation," with the end to direct and control it in this relation. Not only does

he advocate the exercise of the influence of the profession in the political arena, to the end that their knowledge might be utilized for the protection of public health, but likewise for the more judicious selection of men for positions of public trust and responsibility, who should be, by reason of more perfect mental and moral organization, better fitted for the discharge of important trusts, requiring both intelligence and integrity for their

satisfactory fulfillment.

The author's opinions of the relations of mind and matter, are embodied in the expression - "This supreme mental force-will-is no transcendental entity to be considered apart from physical existence, but may be said, in its fullness, to be the correlative of the totality of the organic power of the brain." Hence, he urges the necessity for the exercise of educated judgment in the selection of leaders. His defense of the profession against the charges of superficiality and uncertainty of knowledge is able and just, and his advocacy of the claims of medicine upon private and public benevolence, well founded and forcible. He asserts truthfully, that "the resources of medical education have been derived from the profession itself." "Millions of dollars have been given to other colleges, but no one has constructed a medical edifice, or so endowed a medical school that its teachers should not be dependent on students' fees. Nevertheless, under all the embarrassing circumstances, our faculties have provided buildings, accumulated museums, libraries, and apparatus, at a vast expense, and have moreover assumed the gratuitous care of all the sick poor of hospitals and dispensaries. It is an unparalleled spectacle, and nowhere seen in the world but in the United States of America." The author presents his views upon the momentous question of medical education, which are worthy of study. Indeed, the whole address is evidently the production of a profound student, a liberal thinker, and an accomplished physician.

CERTAIN NERVOUS AFFECTIONS OF THE THROAT. By Clinton Wagner, M.D., Physician to the Metropolitan Throat Hospital; late Clinical Assistant, Hospital for Diseases of the Throat. London, etc., etc.

An interesting abstract, read before the New York Neurological Society, of some of the work of the Metropolitan Throat Hospital, organized Jan. 3, 1874, under the special charge of Drs. Clinton Wagner and J. Morris Asch, both late of the U. S. Army, with an efficient staff of consulting surgeons and clinical assistants.

This institution is the first systematized effort to specialize the study of laryngoly, in the United States, and thus far, as exhibited in the pamphlet before us, has been eminently successful.

H.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY, including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. By Geo. M. Beard, A. M., M.D., Member of the New York Society of Neurology and Electrology, etc., and A. D. Rockwell, A.M., M.D., Member of the New York Society of Neurology and Electrology, etc., etc.

The work of Drs. Beard and Rockwell became so widely and favorably known in its first edition, that but little is left to be said of this, the second, further than that it bears the impress of careful revision of the former, and presents moreover some valuable additional matter, especially in the department of electro-physics, and in that of electro-physiology and clinical electro-medicine likewise.

The authors' remarks on the necessity resting upon every one pretending to the use of electro-therapeusis to become first an electrologist, are worthy of careful attention. It is certain that had the therapeutic application of this force been restricted to "masters of electricity in its physical and physiological" relations, the range of its applicability would have been much more clearly defined, and its results more satisfactory.

The work is one of the most complete summaries of the whole science of electrology extant, and should be carefully studied by every one desiring to become expert therein.

The mechanical and typographical excellence of the book is assured by the imprimatur of William Wood & Co., New York. 1875.

A PRACTICAL TREATISE ON ECZEMA, including its Lichenous and Impetiginous Forms. By Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow; Physician to the Royal Infirmary, to the Dispensary for Skin Diseases, and to the Cutaneous Wards of the Western Infirmary, etc., Glasgow. Third Edition, with Illustrations. Philadelphia: Lindsay & Blakiston. 1875.

One of the most satisfactory books which has issued from the press during the current year, which no one, we think, can read without deriving both pleasure and profit therefrom. And no one, who has had even a few cases of the troublesome and obstinate malady in his care, will feel that the time spent in the study of this work has been lost.

The author's definition of eczema is clear and concise, and his description graphic. The etiology, pathology and therapeusis of the disease as it has occurred under his observation, are elaborated with much care and with a detail which, while circumstantial is never tedious. He has, moreover, collated his own observations, for making which, his opportunities have been singularly ample, with those of contemporary writers, thus presenting a copious array of corroborative testimony. His remarks upon the neurotic origin of eczema might have been elaborated a little more fully with advantage, for while he refers to it as a "transferred neurosis," with illustrated cases, he nowhere indicates its existence—which is of frequent occurrence—as a reflex neurosis from remote peripheral irritation.

The mechanical execution, including paper, presswork and type, is really beautiful—the arrangement of mar-

ginal titles greatly facilitating study. We should be glad to recognize in this the beginning of another permanent improvement in the art of medical book making, which has in the hands of our more prominent publishers already made such rapid advances.

ORTHOPÆDIA, OR A PRACTICAL TREATISE ON THE ABERRATIONS OF THE HUMAN FORM. By James Knight, M.D., Member of the Medico-Chirurgical Faculty of Maryland, the District Medical Society of Ohio, and the County Medical Society of New York; Physician and Surgeon in Charge of the Hospital of the New York Society for the Relief of the Ruptured and Crippled, etc., etc. New York; G. P. Putnam's Sons. 1874.

The practical results of thirty years of private and ten of hospital practice, in the special department of orthopædic surgery. The author has undoubtedly enjoyed immense advantages in accomplishing himself in his specialty, and appears to have utilized them fully, not only by observation, but by study of the literature of his subject, which he seems to have mastered from the earliest to its most recent contributions.

The book comprehends a very wide range of topics within the specialty, all of which are carefully considered. Some of the more remarkable cases detailed are illustrated by wood cuts, as are likewise the various forms of apparatus recommended. The work is thoroughly practical, and cannot fail to prove very useful. H.

ON THE TREATMENT OF PLEURISY: With an Appendix of Cases, showing the value of Croton Oil, Ether, and Iodine, as Counter-irritants in other Diseases. By John W. Corson, M.D., Late Physician to the Class of "Diseases of the Chest and Throat," in the New York and Eastern Dispensaries, etc., etc. New York: Wm. Wood & Co. 1874.

A pleasantly written narrative of the advantages to be derived from the use of mild measures generally, and especially of external remedies in the treatment of chest affections, as practically demonstrated in the large field of observation afforded in the New York Dispensary.

The little lecture of thirty pages will well repay the time spent in reading it.

A Manual of Diet in Health and Disease. By Thomas King Chambers, M.D., Oxon., F.R. C.P., London, Honorary Physician to H. R. H. the Prince of Wales; Consulting Physician to St. Mary's and the Lock Hospitals; Lecturer on Medicine at St. Mary's School; Corresponding Fellow of the Academy of Medicine. New York, etc., etc. Philadelphia: Henry C. Lea. 1875.

To those familiar with the writings of Dr. Chambers, his claim to share with Sir Thomas Watson the title of Xenophon of Medical Literature, will be readily conceded, for it is certain that he has few equals and no superior, as a master of elegant English, within the ranks of professional writers. His well-earned reputation in this regard will suffer no diminution from the work before us.

The subject matter is arranged under three subdivisions, the first of which comprehends General Dietetics: the second. Special Dietetics of Health; and the third. Dietetics of Sickness. In the first is demonstrated, not only the essential constitution of a dietary system best adapted for the necessities of mankind in health, under varying conditions of existence, but likewise the great superiority, not only from a dietetic, but from an economic point of view, of a mixed diet, and one also which shall vary widely in its constituent elements, with the varying occupations and epochs of man's life. The second chapter, upon the choice of food, is not only instructive, but practically so, containing rules for the selection of the best meats, and their greater economic value. The sanitary relations of diseased meats and of animal parasites is condensed into a few comprehensive pages, so clearly and explicitly as to be intelligible to all. Dr. Chambers is an Englishman, writing in the smoky atmosphere of London, and hence we can account for his very feeble commendation of fruits as food. Had his lot been cast in sunnier lands where nature provides a more bountiful repast for her children, and where fruits constitute so

large—sometimes the principal—portion of the food of all classes, his commendation would have been more lib-

eral, his praise less stinted.

From the admirably written chapter upon wines as dietetics, it is easy to perceive that our author is no "crusader," for none of that illustrious army could write so tastefully of the delicious juice of the grape. could be more refreshing on a day like this, with the mercury up in the nineties, than to hear from the lips of a wise physician like Dr. Chambers, that "as a regular beverage for a healthy person there is no wine in the English market equal to claret"? In this era of temperance run mad, this author is to be thanked by every honest lover of temperate festivity for these words: "But I am quite sure that the not infrequent manufacture of occasions for domestic rejoicing, a birthday, a wedding anniversary, a harvest home, a horse sold, the planting of a tree, the calving of a cow, a daughter presented at court, or cutting her first tooth, or any other good stroke of business, is a great promoter, not only of love and happiness, but of personal health. Let the beverages which celebrate the occasion be chosen for their peculiar and exceptional flavors. If they are good of their class, the moderate use will not shorten, but both cheer and lengthen life." But the author is, nevertheless, as unsparing in condemning the use of alcohol, as the most ardent temperance reformer could desire. Not satisfied with the researches of others, he has instituted a series of experiments himself, for the purpose of determining the true place of alcohol in dietetic economy, and has furnished the results of these experiments in tabulated form.

It would be well if the opinions expressed in the chapters upon Infant Diet, could be deeply impressed upon the minds of the rising generation of medical men—the rest are unimpressible—that the annual holocaust of infant life, offered upon the shrine of physiological ignorance, might be spared; if they could be convinced, with Dr. Chambers, that "Laputa never devised anything

more preposterous" than "Liebig's food for infants," and that "it is only when the coming teeth are on their road to the front that the parotid glands secrete sufficient saliva to digest farinaceous food."

It is scarcely possible, within the limits of a brief review such as this, to do full justice to this scientific, practical, and scholarly little work. The simply practical man will find in it safe and simple rules for his guidance; the scientific man will find the demonstration of the principles upon which these rules are based; and the scholar will be able to gratify his literary and æsthetic taste in the elegant style in which they are presented. The book deserves to be read by all.

BOOKS RECEIVED.

Transactions of the New York Odontological Society— Special meeting, Dec. 14, 15, 16, 1874.

PAMPHLETS RECEIVED.

- Annual Address before the Society of the Alumni of the Medical Department of the University of Pennsylvania. By Cornelius G. Comegys, M.D., Lecturer on Clinical Medicine in the Cincinnati Hospital, Ohio; Late Professor of the Institutes of Medicine and Clinical Medicine in the Medical College of Ohio. With the Proceedings of the Alumni Meeting of 1875.
- INJECTIONS OF TINCTURE OF IODINE into the Cavity of the Uterus in Hæmorrhage, and after Delivery. By James Trask, M.D., late Prof. of Obstetrics in the Long Island College Hospital. New York: William Wood & Co. 1875.
- TRANSACTIONS of the Ninth Annual Meeting of the Medical Association of the State of Missouri, April 20th and 21st, 1875.
- THE ALBANY MEDICAL COLLEGE—The Medical Department of Union University, Annual Catalogue and Announcement. 45th Session. 1875.
- A CLINICAL CONTRIBUTION TO THE TREATMENT OF TUBAL PREGNANCY. By T. Gaillard Thomas, M.D. New York: D. Appleton & Co. 1875.

- Synopsis—Treatment of Uterine Displacements. By Prof. Henry F. Campbell, of Augusta, Georgia.
- MIAMI MEDICAL COLLEGE OF CINCINNATI—Sixteenth Annual Announcement. Session 1875 and 1876.
- ON THE USE OF HOT WATER IN SURGERY. By Frank H. Hamilton, Surgeon to Bellevue Hospital, New York. G. P. Putnam's Sons. 1875.
- THE METROPOLITAN THEOAT HOSPITAL, REPORT OF. Clinton Wagner, M.D., Medical Supt.
- THE PHYSIOLOGICAL ACTION OF THEBAINE. By J. Ott, M.D., of Easton, Pa.
- THE PHYSICAL PROPERTIES OF DENTAL AMALGAMS. By the late Thomas Hitchcock, M.D., D.M.D.
- ON SPASMODIC URETHRAL STRICTURE. By F. N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases at the College of Physicians and Surgeons, New York. Reprinted from the Archives of Dermatology, Vol. I, No. 3. 1875.
- CLINICAL STUDIES WITH THE NON-NAUSEATING USE OF IPECACU-ANHA, Chiefly in Intermittents. Reprinted from Atlanta Medical and Surgical Journal. 1875.
- RELATIONS OF OPHTHALMOLOGY TO PRACTICAL MEDICINE. An Introductory to the Summer Course of Lectures of the Jefferson Medical College, Delivered March 29, 1875, by William Thompson, M.D., Lecturer on Ophthalmic and Aural Surgery.
- PATHOLOGY AND ETIOLOGY OF PULMONARY PHTHISIS, in relation to its Prevention and Early Arrest. By E. Darwin Hudson, Jr., A.B., M.D. New York: D. Appleton & Co. 1875.
- CERTAIN NERVOUS AFFECTIONS OF THE THROAT. By Clinton Wagner, M.D., Physician to the Metropolitan Throat Hospital; late Clinical Assistant, Hospital for Diseases of the Throat, London; Member of the N. Y. Laryngological Society; of the N. Y. County Medical Society; of the N. Y. Neurological Society, etc., etc. Read before the N. Y. Neurological Society, Sept. 7, 1874. Reprinted from the Psychological and Medico-Legal Journal for October, 1874. New York: F. Christern & Co., 77 University Place.
- Notes on the Diagnosis of Blood Stains. By Joseph G. Richardson, M.D., Microscopist to the Pennsylvania Hospital.

- IRIDOTOMY, and its Applicability to Certain Defects of the Eye. By W. B. Calhoun, M.D., Professor of Diseases of the Eye and Ear in the Atlanta Medical College. 1875.
- THE DOCTRINE OF THE CORRELATION AND CONSERVATION OF Forces, and its Bearing upon Theism. By G. M. Duzan, M.D., Zionsville, Indiana. Reprinted from the Indiana Journal of Medicine.
- THE EXTENSION WINDLASS, presented to the American Medical Association, May, 1875. By Charles Dennison, M.D., Denver, Colorado. Reprinted from the N. Y. Medical Journal, May, 1875. New York: D. Appleton & Co.
- FIFTY-FIFTH ANNUAL CATALOGUE AND ANNOUNCEMENT OF THE MEDICAL COLLEGE OF OHIO. Session 1875-6. Cincinnati.
- ANNUAL CIRCULAR 1875-6. ANNUAL CATALOGUE 1874-5. Bellevue Hospital Medical College.

JOURNALS RECEIVED.

- The Atlanta Medical and Surgical Journal-Vol. xiii, Nos. 3, 4. The American Medical Weekly-Vol. ii, Nos. 21, 23, 24, 25, 26, and Vol. iii, Nos. 1, 2.
- The American Practitioner-Vol. xl, Nos. 66, 67.
- L'Anatomie et de la Physiologie Journal de. Ch. Robin-No. 3, Mai et Juin, Paris, 1875.
- The American Journal of the Medical Sciences-No. cxxxix. July, 1875.
- The Buffalo Medical and Surgical Journal-Vol. xiv, Nos. 9, 10.
- The Boston Journal of Chemistry-Vol. ix, No. 12, Vol. x, No. 1. The Canada Medical and Surgical Journal-Vol. iii, No. 12,
- Vol. iv, No. 1.
- The Clinic—Vol. viii, Nos. 22, 23, 24, 25, 26, Vol. ix, Nos. 1, 2. The Cincinnati Lancet and Observer—Vol. xviii, Nos. 6, 7.
- The Detroit Review of Medicine and Pharmacy-Vol. x, No. 6.
- The Dental Cosmos—Vol. xvii, Nos. 6, 7. The Druggists' Circular, Vol. xix, No. 7.
- The Eclectic Medical Journal—Vol. xxxv, No. 7.
- The Indiana Journal of Medicine—Vol. vi, Nos. 2, 3.
- The Kansas City Medical Journal-Vol. v. No. 3.
- The London Lancet, June, 1875. The Laboratory, Boston—Vol. i, No. 2.
- The Medical News and Library-Vol. xxxiii, Nos. 389, 391.
- The Monthly Abstract of Medical Sciences-Vol. ii, Nos. 5, 6, 7.
- The Medical Record, New York-Vol. x, Nos. 22, 23, 24, 25, 26, 27, 28.
- The Medical and Surgical Reporter, Philadelphia-Vol. xxxii, Nos. 22, 23, 24, 25, 26, Vol. xxxiii, Nos. 1, 2

The Medical Times, Philad.—Vol. v, Nos. 187, 188, 189, 190, 191, 192, 193.

The Melbourne Medical Record-Vol. iv, Nos, 7, 8, 9, 10.

The Medical Herald-Vol. viii, No. 2.

The Medical Examiner, Chicago-Vol. xvi, Nos. 11, 12, 13.

The Medical Press and Circular, London-Vol. xviii, No. 1896.

The Medical Times and Gazette, May 29, 1875.

The Medical Register and Advertiser-Vol. i, No. 2.

The Nashville Journal of Medicine and Surgery— Vol. xxxvi, No. 6, Vol. xxxvii, No. 1. The New York Medical Journal—Vol. xxi, No. 6, Vol. xxii,

The New York Medical Journal—Vol. xxi, No. 6, Vol. xxii No. 1.

The New Orleans Medical and Surgical Journal—Vol. iii, No. 1.

The Pharmacist—Vol. viii, No. 7.
The Pacific Medical and Surgical Journal—Vol. xviii, Nos. 1, 2.

The Practitioner, London-Nos. lxxxiii and lxxxiv.

The Printer Artisan-Vol. iii, No. 1.

Le Progres Medicale, Paris, 3c Annee-Nos. 16, 17, 18, 19, 20.

The Public Health Magazine, Montreal-Vol i, No. 1.

The Richmond and Louisville Medical and Surgical Journal— Vol xix, Nos. 5, 6.

The St. Louis Medical and Surgical Journal—Vol. xii, Nos. 6, 7.

The Southern Medical Record—Vol. v, No. 4. The St. Louis Medical Record—Vol. ii, No. 3.

The Sanitary Journal—Vol. 1, No. 7

The St. Louis Clinical Record-Vol. ii, No. 4.

The Technologis: -Vol. vi, No. 6.

The Texas Medical Journal-Vol iii, No. 2.

The Virginia Medical Monthly-Vol. ii, Nos. 3, 4.

Medical Items, News and Gossip.

(BY L'ANCIEN EDITEUR.)

It is reported that Dr. Fordyce Barker "produced a profound impression" on the medical mind of London, by a lecture before a learned body in that city, on the treatment of puerperal fever. Whether favorable or unfavorable, the reporter sayeth not. Dr. Barker assumed the "Alonzo Clark doctrine:" that puerperal fever, being essentially of traumatic origin, and its phenomena due to communication to the nervous system of irritation, therefore its remedy is to be sought in opiates to keep the nervous system quiescent until the local injury is remedied by ordinary physiological processes. assumed that this treatment has been practiced generally in New York for the last fifteen or twenty years, and therefore excites no surprise in the American mind, although sufficiently disturbant to the Anglican sentiment. The somewhat dubitant Chicagoan marvels not at the "profound impression" of the Anglican mind under the circumstances. — Transfusion begins to be understood. The late lamented Gen. Blair was temporarily benefited. What more could have been expected? The transfused blood is only an advance on digestible food. In the capillaries even the blood is still outside the living body. The blood is nothing but nutrient material, ready to be appropriated for nutrition. The "life is in the blood" just as the life of man is in beefsteak, cabbage, and cod-liver oil. Transfusion, to be useful and promising, should be as frequently repeated as the want of the system for food suggests. As far as at present understood, it is comparatively useless, except to make up for the waste of sudden hæmorrhage. Its use in cachexia is simply absurd. — Bellevue Hospital Medical College sends us an announcement extensive enough for a Common Prayer Book, and promising enough to make all medical neophytes both successful and rich. Fortunately

it is FLINT-y at the centre, and therefore may evolve the Promethean spark of prosperity. - The Woman's Hospital Medical College of this city greets us smilingly for its sixth year. May it succeed! We have always desired for women their appropriate sphere, although differing somewhat from some of our contemporaries as to its real nature. The curriculum seems full and the faculty strong. It is to be regretted that under the heading "Preceptor" there is to be found the name of an infinitesimal specialist of the female persuasion. Will her name be admitted as that of an appropriate "Preceptor" when the student applies for graduation? ---- Professors Andrews and Quine, of this city, commend, in special letters, Messrs. Powers & Weightman's Sulphate of Cinchonidia, an article that seems growing in professional favor. — The establishment of a homoeopathic department in the University of Michigan threatens tribulation to our ancient colleagues in the effort to "raise the standard." We extend to the brethren our sympathies. — The Alabama State Medical Association offers a prize of one hundred dollars, or a gold medal of equal value, for the best essay on "Bright's Disease." Anybody anywhere can compete. — The recent remarkable appointment of American medical students to positions in the Khedive's Army, in Egypt, proves the fraudulent device of a scheming impostor. There were no "millions in it." --- Prof. Hammond has resigned the editorial charge of the Journal of Psychological Medicine and Medical Jurisprudence, and has been succeeded by Allen McL. Hamilton. — It is some comfort to learn that jaborandi, the new Brazilian medicine, in doses of fifty grains, will, in fifteen minutes, cause profuse sweating and excessive flow of saliva. "Sixteen ounces of distinctly alkaline saliva were collected in a few hours, and the sweating was so great as to soak the bed clothes." In addition to its moistening qualities, in large doses, jaborandi "causes tension of the accommodative apparatus of the eye."-The American Practitioner (July) contains, from the

pen of Lunsford P Yandell, M.D., a highly appreciative Memoir of the Life and Writings of Dr. John Esten Cooke. Medical biography has few names that deservedly rank higher. Three or four decades ago, and his opinions had larger influence in shaping Western and Southern practice than perhaps any other. All the older practitioners will readily recall his favorite pills, calomel, rhubarb and aloes. He thoroughly believed in calomel and the apostolical succession. —— Our Canada confrere is out strongly in favor of cremation. It prefers Sieman's furnace to a coffin, and lively caloric to six feet of superimposed soil. Every one to their taste. In the thronged districts of the old world there is abundant argument for incineration, but on this continent there seems room and verge enough to allow poor bodies to rot at leisure. Time enough and space enough for that last banquet, where, as Hamlet observed, one does not eat, but is eaten. - The Boston Journal of Chemistry attributes the late disastrous explosion of the Dows apothecary store, in that city, to the ignition of the vapor of ether with atmospheric air. One part of the former to six or eight of the latter affords a powerful and dangerous explosive agent. Our ether-eal anæsthetic friends will please make a note of this. The argument is not all versus chloroform. - It is rumored that two of the occupants of important chairs in a well-known medical college have tendered their resignations. Known as long-time incumbents, there is much anxiety to ascertain what is or was in the wind. Before another issue, it is hoped the atmosphere will be calm. — Another case of entire absence of the pancreas is recorded—this time in Paris. The venerable Dr. Bullard, of New Haven, Vt., who has been the earliest acquaintance of over a thousand youngsters, is to be complimented soon by a grand reunion pic-nic. The Philadelphia Medical Times suggests that the toast of the occasion will be: "The tie that binds us-Dr. Bullard-our common deliverer." ---Prof. Zeissl, of Vienna, is said to believe syphilis ab620

solutely ineradicable from the system that has once received it. At a clinic recently, he exclaimed: "Some think when a patient has for sometime enjoyed immunity from manifestations of syphilis, that he is cured; but I tell you, gentlemen, that if a man contracts syphilis he will die syphilitic, and at the day of judgment his ghost will have syphilis!" It is to be concluded, however, a "spiritual manifestation" thereof. — Alfred Heap, an abortionist, was hung at Manchester, England, last April, for his crime. — Analogous to the writer's palsy comes the newly noted disease, "telegraph operator's cramp." - M. GALLARD (The Doctor) uses iodoform crayons, prepared by mixing iodoform in fine powder with gum arabic mucilage, shaping and drying secund. art. The crayons are to be kept in dark air-tight bottles, to prevent disintegration. — The Danbury News Man thinks the recovery of a baby from convulsions is an illustration of the Darwinian doctrine of "survival of the fitist." - Another batch of four babies at one confinement is chronicled by the Detroit Review. Daughters - two placentæ; labor, an hour and a half; avoirdupois, twenty-four pounds. — "There is a soul of goodness in things evil." A recent writer asserts that "the blue mould of cheese (aspergillus glaucus) is considered by epicures to give the cheese an agreeable flavor, and it is probable that it helps the digestion of other aliments. Again, a good portion of the stinking rust in flour is supposed not to render it unwholesome, at least when made into fermented bread. The flour is largely used in the manufacture of gingerbread, where the treacle disguises the color and flavor." Which, also, suggests another probable truth, that living spores, fungi, animalculæ and wigglers, et id omne genus, are not generally diseaseproducing, but evidences of the presence of decomposing. organic matter about always disease producing, but out of which these atoms of life get nourishment and size sufficient to lead ætiologists into funny misapprehensions. - Dr. DELAFIELD read a paper recently before the Med. Soc. of the Co. of New York, in which he showed by statistics, that in pneumonia, the largest number of fatal cases occurred on the 7th day, the next largest on the 14th, the next on the 21st, and the next on the 28th. The end of each week, therefore, seems critical, and particularly the end of the first week. Perhaps, after all, "the fathers" were wise in their day and generation. - Dr. Robert C. Kedzie, of the Michigan State Board of Health, referring to poisonous wall paper, shows that arsenical papers are not limited to those of green color, but that all papers of delicate and "toned" colors may be regarded as suspicious. It gratifies the present writer that his whilome pupil and long time friend, Prof. Kedzie, is distinguishing himself by a great variety of practical researches in the etiology of disease. — Medicus, in the Druggists' Circular, recommends for sweating feet, the use of ten or fifteen grains of tannin dusted in the bottom of each clean sock-changes to be made every day, and dusting continued for two weeks for permanent cure. It would have been a good thing to have suggested, also, occasional washing of the pedal extremities. — The slangwhangers of the secular press have seized upon the case of the late Gen. J. C. Breckenridge, as they did upon that of poor "Jim Fisk," to make use of as an excuse for throwing mud at the profession. It is a cheap exercise of penny-a-line wit. It appears that Gen. Breckenridge had, as the result of an old injury received in the army, a hepatic abscess, which unfortunately opened through the bronchial tubes. Professors Savre and Gross, as a forlorn hope, attempted to establish a more direct outlet for the pus. The operation proved unsuccessful, as the chances were immense that it would, and the poor man died. But it was an opportunity for the turkey-buzzards, and they have improved it. We have only to say, that when our last hours come, or our friends fear their approach, we ask no better counsel (nor could expect it) than that of the illustrious gentlemen whose names have been in this case made a target 622

for abuse in the case of Gen. Breckenridge. — Who nose? The Chinese, it is said, inoculate by blowing the pulverized virus into the right nostrils of boys and the left ditto of girls. The result is said in each case to be all right. — The Anthony case, at Leavenworth, is exciting general interest in the profession. That the other editor, shot about the same time, and in whose brains an ounce bullet of lead still remains without producing particular uneasiness, after the old Cavendish crowbar case, does not surprise, but in Col. Anthony, the lacerated subclavian, with its attendant injuries, aneurism and apparent probable cure, awaken much anxiety to read an authorized professional history of the whole matter. — Dr. Wetherly, of Alabama, asserts, in the Atlanta Journal, that so far from quinia being ecbolic as some believe, it is, on the contrary, one of the best agents for arresting uterine action. - Hydrate of chloral was recently exhibited in a case of infantile convulsions, by Dr. Bemiss (N. O. Med. & Sur. Journal) with really remarkable success. After seventeen distinct convulsions, "the child being black from head to foot, the surface cold, and the pulse and respiration completely suspended," Dr. B. recommended using chloral by enema, the condition of the throat being such as to preclude swallowing. An injection containing 14 grs. of chloral was administered. Relief was immediate. Some hours afterward, a slight convulsion having recurred, the enema was repeated, and after deep sleep, recovery rapidly took place. — Dr. Geo. J. Huev, in the same journal, strongly advocates quinine in the treatment of pneumonia. He writes: "When called to a patient with cough, pain in one or both sides, fever, with difficulty in breathing, as the general symptoms, I order a dose of the comp. cath. pills of our dispensatory, apply a blister over the seat of pain, and give a cough mixture composed of syrup ipecac and paregoric or laudanum, with directions to give twelve gr. doses of quinine every four hours till three doses are taken-after operation of the pills."

Second day continue treatment, but three doses ten grains each of quinine. Third day, same. Fourth day, same, except eight grain doses of quinine every four hours, etc. Convalescence usually fairly established on the seventh day. No digitalis, verat. virid. or other arterial sedatives, no bleeding or mercury. Undoubtedly a better practice in malarious districts than the old evacuant and sedative plan. — Our Southern friends are happier because no "iron clad oath" is required at the great Centennial from any one except the U.S. Commissioners. and over these the Directors of the Centennial have no control. But when will "the cruel war be over," and iron clad oaths and all other relics of barbarism disappear? - Dr. A. D. Sinclair (Bost. Med. and S. Journal) prefers the fingers above all other methods of dilating the os uteri. They certainly have the advantage of always being on hand.

Editorial.

Valedictory.

With the completion of the present number the Junior Editor retires from the management of, and severs his connection with, the CHICAGO MEDICAL JOURNAL.

The necessity for taking this step has become more and more apparent for many months, during which the increasing demands upon his time, made by duties more strictly personal and professional, have left too little of it for the satisfactory performance of the duties of a journalist.

The preparation and delivery of a course of lectures on Neurology, at Rush Medical College, extending through nine months in each year, the Clinics during the entire year, and the charge of the Department of Nervous and Mental Diseases, at St. Joseph's Hospital, together with the special character of his private practice, demand his exclusive attention to the field of neurological study, and forbid indulgence in the desultory work of editing a

journal so general in its scope as this.

But the feeling of relief which comes when the editorial pencil is dropped at last from the wearied fingers, is mingled with regret at the discontinuance of associations maintained harmoniously during nearly eight years—associations which will always be recalled with gratification as unmarked by a single unpleasant incident, however trivial.

His thanks are due, and are most heartily rendered, to all his associates in the work, to Editor and to Publishers, who have so kindly and cordially co-operated with him to make that work successful, and also to the members of the profession at large, who have contributed their talents and their labor to make success secure. To these, and to all, who have endorsed his course in the conduct of the Journal, by the evidences of their approval, with the best wishes for its and their continued success and prosperity, he bids a kind farewell.

Personals.

Dr. M. A. Pallen, formerly of St. Louis, is now Professor of Gynæcology in the Med. Dep. of the Univ. of New York.

Surgeon John Fullerton Beatson has been appointed Surgeon General of the Bengal Army.

Prof. W. F. Peck, a former graduate of Rush Med. College, is President of the Iowa State Med. Society.

GODFREY WALKER—also a graduate of Rush, who has since devoted especial and successful atention to ophthalmic and aural surgery, locates in Rochester, N. Y., for the future. He has the best wishes and highest expectations of all who know him.

Prof. Alfred C. Post has resigned the chair of Surgery in the Univ. Med. College, N. Y., and Prof. John T. Darby, late of South Carolina, reigns in his stead.

Dr. Edward B. Stevens, late of the Cincinnati Lancet, announces a new publication, the Central New York Jour. of Medicine and Surgery. It will of course prove a success, for Bro. Stevens "knows how it is himself" from successful experience.

Prof. HUXLEY has over three hundred and fifty students in Edinburgh University.

MADAME BRES, who recently obtained a degree from the Faculty of Medicine in Paris, has been appointed the medical attendant of the Sultan's harem at Constantinople. It is reported that she was offered a large bonus if she would confine her practice strictly to the seraglio, but declined to do so, preferring more general work about the city.

HORACE Wells—the dentist who did not (but almost did) discover anæsthesia, is being remembered by a colossal bronze statue to be erected in the city of Hartford—and our alphabetical friend Morton, who did discover it, has not, as we are aware, even a first-class tombstone. Such is fame! Even Boston allows its anæsthesia monument to stand uninscribed save to the discovery. The discoverer ignored.

Dr. WM. K. Bowling, long time Editor of the Nashville Journal of Med. & Surgery, and late President of the American Medical Association, has finally retired from the editorial tripod. Since the days of DAVID MEREDITH REESE, the medical press of this country has not known a combination of qualities better adapted to adorn the editorial position. Personally genial and benevolent, they were alike sensitive to the slightest affront to the profession of their choice, and woe to the poor wight who aroused their anger. Under their hands medical journalism was no dry-as-dust cataloguing of stale facts and assumed truths, but a very chart and chronicle of the time vivified by all surrounding practical influences. But we have no time to-day for parallels or contrasts. The best wishes of all his ancient contemporaries and modern co-workers will follow him wherever he goes.

Prof. De Laskie Miller gains a few days needed rest just now at Long Branch. It is safe for him because he is no politician, neither do we believe he could be tempted from the chair he so successfully fills by any office in the gift of the "government" now located at L. B., L. I.

The Am. Med. Weekly wickedly attacks the profession and the language, by asserting that "twisted hemp cures

felons." This is not a Personal.

Prof. Gross believes in blood-letting and disbelieves in the duality of syphilis. Alas! is it so? Are the true

things not new, and the new things not true?

A volunteer correspondent, at Ann Arbor, of the *Philadelphia Med. & Surg. Reporter*, communicates that Prof. A. Sager, Dean of the medical faculty, has resigned the position on account of the homoeopathic complications.

It is understood that although the Board of Health of Chicago is in imminent peril of dissolution under the new city organization—nevertheless, the efficient superintendent, Dr. B. C. MILLER, is to be retained. We

earnestly hope this is true.

EDITOR'S NOTE. The following communication was received by a distinguished alienist, a few days since, and is given to the professional world on its intrinsic merits, verbatim, literatim, et punctuatim.

H.

CINCINNATI O. 16. June '75.

Dear Sir I take the liberty to address a few idears by way of suggesteng in the treatment of insane persons. Let their rooms always be with Sothern Exposier, ie, on the Sun side of the building and let in the sun light freely on their persons so as to cause profuse persperation daily, when, the sun shines: In other words give them sun baths daily, which will vitalize the whole system, and give vigor as it does to plants and flowers. For diet use much fresh fish as they contain phosforos which is food for the brain: also brand bread as the brand is the nutritious part of wheat and contains

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phosphorus and will build up the brain &c. Always have persons sleap with the head to the North—then the electricity will runn down the nervous system. The three suggestions I have practiced for years on myself, and on others with signal success. They may not be anything new to yourself, so I give them for what they are worth.

All agree that the Vitalizing practice for the cure of all diseases is the most successful and permanant. I think more of sun-baths, fish and brand as diet not only in insane cases, but for constant practice in families for the prevention and cure of diseases than all other modes of treatment put togather, with sleaping with the head to the North.

Loot.

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.

By Edward Copenan, M.D., P.R.C.P., Senior Physician to the Norfolk and Norwich Hospital, President of the British Medical Association.

On June 9, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so reduced by almost incessant vomiting that great fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and, on examination, I found the os uteri partially dilated so as readily to admit the finger. I thought it right, under the emergency, to advise bringing on labor without delay; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation. I at once dilated the os uteri as much as I could with the finger, and could

feel the membranes and the head of the child. I tried to rupture the membranes with a telescopic female catheter (the only instrument at hand), but they were so flaccid and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed; and, thinking it wise to wait awhile before resorting to any other expedient, we retired to another room for further consultation. In about an hour we saw the patient again, and were surprised to find that a longer period had elapsed without sickness than before; and we again waited, in the hope that she might be able to take a little nourishment, and so be prepared to undergo any further proceedings. We waited another hour, and then another, but there was no return of vomiting; and we spent the rest of the night in watching. during the whole of which time she was improving, and we determined to let well alone. I left her early in the morning, and had a favorable account of her a few days There was no return of sickness; she went afterwards. on to the full period of pregnancy, was then delivered of

a healthy child, and made a good recovery. This case made a strong impression on my mind; and I wondered whether the relief to the vomiting, so urgent and threatening to her life, could have been effected by my having dilated the os uteri, and thus removed any undue tension that might be producing sympathetic irritation. It was not very long before I was called some distance into the country to consult about another case of vomiting during pregnancy of great urgency, occur-The surgeon in attendance ring about the second month. had adopted the best acknowledged medical treatment, and had arrived at the conclusion that artificial delivery would be necessary to save her life. With the full recollection of the former case, I examined the uterus, and found some degree of anteversion and the os patent enough to admit the end of my finger. I forthwith dilated it as much as I could, passing my finger all round, removing all puckering and making a smooth edge. She, vomited only once slightly after this proceeding, and we left her with the understanding that, if the sickness continued, I should be summoned again in a few days to bring on abortion. This summons never came; but in about a fortnight I had a letter from the husband, stating that his wife began to get better an hour or two after I left, and that the sickness had entirely ceased. I have heard several times since that the patient is going on reLOOT. 629

markably well, and I believe she expects to be confined

some time this month.

A third opportunity has since offered itself for a trial of this novel (as far as I know) treatment. On the 6th of the month (April, 1875,) I saw, in consultation with a very intelligent country practitioner, a lady in delicate health just entering the eighth month of pregnancy. She was the mother of nine or ten children, and her life was valuable. Generally during early pregnancy, and sometimes for several months together, she had been troubled with vomiting; but during the last three weeks, the sickness had been almost incessant; she could keep nothing down, and was in a very feeble and emaciated condition. She had, moreover, a considerable amount of albumen and some pus in the urine, a few casts also; and fears were entertained of there being extensive kidney There was, however, no dropsy, and our opinion was somewhat modified by the knowledge that the urine does often, during pregnancy in the latter months, contain a great deal of albumen. The patient was so ill that she would willingly have consented to artificial delivery, if really necessary. I examined the uterus, and, as in the other cases, found it patent, puckered, and dilatable, and I dilated it as much as I could with my finger, in the hope that the sickness might cease after such a proceeding. I should say that the usual remedies had been carefully employed without producing the desired effect. A few days after my visit, her husband called upon me to say that his wife had no return of sickness after I left, and was now able to take food without inconvenience, although he still thought her very weak and ill, and feared she would not recover.

On the 23rd, I received a very satisfactory letter from the surgeon in attendance, to the following effect: "There was never any urgent sickness after you dilated the os uteri, and the last week Mrs. — has frequently taken with relish and no inconvenience solid food, such as boiled mutton, with asparagus, and drunk homebrewed beer. This morning she was going on quite well; she was not even faint or at all exhausted after her labor. I am very glad I called you in, for I now know how to proceed with cases of sickness in pregnancy. Should I meet with any more such patients, I will either ask you kindly to meet me again, or report them to you."—

British Med. Journal.

PREVENTIVE MEASURES IN SYPHILIS.

Mr. Acton recently read a paper before the Royal Medical and Chirurgical Society of London, from which we

make the following extracts:-

His paper commenced by stating that when he returned to England, after the completion of his studies in Paris, he was greatly struck with the severity and number of cases of syphilis in London, as compared with Paris, and as a consequence of this he brought the subject before the notice of the Society in 1846, and again in 1860, showing that the Belgian and French troops were much less attacked by venereal affections than the English. In 1873, he found that in districts in England where the troops were not what he called protected from the women, primary syphilis still existed in the proportion of 123 per 1,000 men annually. He maintained that syphilis could be prevented and stamped out by providing ready means of ablution, and destroying the local form of contagion, and warning male patients not to infect other persons. The institution of hospitals, whether free or otherwise, was one remedy, for treatment of prostitutes as out-patients was quite inadequate. They should be segregated as soon as diseased, and not allowed to leave hospital until they are quite cured. By doing this, as at Hong Kong and Dartmouth, the disease had been reduced to a mini-In his visit to Brussels, in 1874, Mr. Acton had visited the Military Hospital, where he found only three cases of syphilis among the private soldiers, and two among the non-commissioned officers, out of a body of 3,500 troops. There were only nine women confined to hospital for venereal disease, showing that in Brussels the police inspection had nearly stamped out the disease. In Paris he visited the military hospitals, and could only discover six cases of primary disease, and eight of secondary syphilis, among 3,841 men forming the garrison of Paris. Disease among the females was very slight also, and Mr. Acton attributed this decrease to the police regulations. He gave a table showing that in the St. Lazare Hospital he only found 23 cases of primary disease among 202 patients in this prison, which is under the police surveillance. With respect to England, Mr. Acton said that Parisian medical men alleged that British travelers, like sailors, were the cause of much of the disease in Paris, and that the disease would ere now have been stamped out had it not been that England and other similar countries went on continually introducing fresh cases LOOT. 631

into Paris. In London he found at the hospital of the Foot Guards 24 cases of primary disease among 408 single soldiers in the second battalion of the Coldstream Guards quartered in London. In the first battalion of the Scots Fusilier Guards he found 25 cases of severe forms of syphilis among 505 unmarried men. He handed in a table extending over a year, which showed that one-fifth of the whole troops quartered in London in 1874 were affected with primary sores, which would have incapacitated the men from duty for a period of six weeks on an average. Perhaps 164 of these men would have secondary disease, requiring mercury, which would further incapacitate them from duty for a period of two months or so, and this would debilitate them greatly. Comparing the syphilic affections of the Foot Guards with those among the troops quartered in Paris, he showed that 500 troops in London had more disease than 3,841 quartered in Paris. Mr. Acton considered that one-half the prostitututes in London were diseased; whereas of those in the districts under the Contagious Diseases Acts only about eight per cent. were found affected at periodical examinations. It appeared that at Woolwich, during 1871-2-3, only 1,085 cases of primary sores were treated in hospital, out of a garrison of 18,250 men, or only one man was infected in seventeen soldiers, instead of one in six, as in London. He therefore, in conclusion, looked upon the advantages of supervision of prostitutes as no longer a problem, but as an undoubted fact.—M. & S. Reporter.

VOCAL FREMITUS IN PLEURISY AND PNEUMONIA, AND THE USE OF THE HYPODERMIC SYRINGE IN THEIR DIAGNOSIS.

BY E. G. JANEWAY, M.D., NEW YORK.

The value of vocal fremitus as a physical sign in the diagnosis of pleurisy, with effusion from pneumonia, is, it seems to me, not infrequently rated too highly. Some, in fact, appear to consider it an absolute means of distinguishing the one from the other condition. My reasons for not esteeming it as much as those who hold this opinion, are based upon the observation of cases in which such a belief would have been or proved to be a mistake. Let me first give a brief record of two cases of pleurisy with effusion, in which vocal fremitus was pres-

ent over the affected portion. The first of these was a male patient in Ward 8 of Bellevue Hospital last sum-

mer (Simms), age 33.

He was taken sick two days before admission with rigors and a pain in the left side. When admitted the physical signs of interest were: Flatness on percussion on the right side of the chest below the angle of the scapula, increase of vocal fremitus over the affected portion, feeble and distant respiratory sounds, ægophonic vocal resonance.

June 3d, two days later, distinct vocal fremitus was present over the affected portion, and a hypodermic syringe withdrew clear serum from the pleural sac at this

part.

Aspiration of the affected side was performed several times, with only partial relief, and in consequence of obstruction of the needle, or failure of the apparatus, on two occasions but little fluid was obtained. After the second aspiration air was detected in the pleural cavity above the level of the remaining fluid, but below this vocal fremitus persisted. Later sero-pus and pus formed in the cavity, and it was decided to make an opening in the pleura, and allow the fluid to drain off. The reasons for the operation were the great dyspnœa, the existence of pus in the sac, the failure of aspiration to afford relief which was more than temporary, the increasing weakness of patient, and finally paroxysms, during which the patient would pass almost into a state of collapse. day following the incision vocal fremitus disappeared from the affected portion. On the 12th of November the patient was discharged.

The second patient was a male, fifty years of age, admitted to Bellevue Hospital on the 17th of November, 1874. His illness had commenced one month before, with symptoms which pointed to the existence of pneumonia on the left side. When admitted he was thought to have a chronic pneumonia, or pleurisy with pneumonia of left lower lobe, extending into upper. Of this man I made a very careful examination about a week before his death. The following physical signs were then present: Flatness on percussion existed over the lower lobe of the left lung, except near its most anterior portion; here

there was some resonance.

Bronchial voice, whisper, and respiratory murmur were heard over this part more distinct above, more distant and feebler below. L007. 633

Measurement showed the two sides to be of equal size. The heart was not displaced, and vocal fremitus existed over the affected portion, and was increased as

compared with the opposite side.

There was no change of the level of flatness on percussion, and this line of flatness corresponded very closely to the interlobar division. The character of the bronchial breathing and voice made me suspect fluid, and so at my request the House Physician, Dr. Chapin, introduced the needle of a hypodermic syringe in the pleural sac, but The hypodermic syringe failed to obtain any fluid. seemed to be good, as tested by drawing up water from a tumbler. I then proposed bringing an aspirator on the succeeding day, for more thorough exploration, but the patient passed into a typhoid state, seeming to indicate the existence of meningitis as a complication. A postmortem examination revealed the following: Dilatation of the ventricles of the brain, with a granular condition of the ependyma, and empyema of the left side, correspond ing to the site of the left lower lobe, and shut in by adhesions of the upper lobe. A small portion of the anterior part of the lower lobe was adherent to chest, near heart, and the rest was carnified and pressed upwards, inwards and backwards.

The heart was not displaced. The lower part of the upper lobe of the left lung was hepatized. There was no adhesion of the lung over the space where I had perceived vocal fremitus; nor was any band-like adhesion, such as

sometimes occurs, present.

These two cases, which have been observed within a period of eight months, are sufficient to show that vocal fremitus may be present over fluid in the pleural sac, and may even be exaggerated. The disappearance of the vocal fremitus, in the one case after the removal of the fluid, and the results of the post-mortem examination in the other, show that the vocal fremitus was conducted

through fluid to the chest wall.

In addition to these cases, I have observed two others during the same period, in one of which a slight vocal fremitus existed over fluid in the left pleural sac. This was enough to cause one physician to doubt the correctness of the diagnosis, though the left side was two inches larger than the right, and the heart displaced. He, however, confessed when a hypodermic syringe drew fluid from this portion, and an aspirator removed sixty ounces of serum.

In the other case the vocal fremitus was increased, but of this I will make no use, as the patient escaped from my observation, before I was able, satisfactorily, to determine the conditions present.

Again, cases present themselves in which the vocal fremitus is exceedingly feeble or absent on the healthy side, and then the absence of this sign has no especial value on

the diseased side.

Such a case I have lately seen in a young man with rheumatic pericarditis and a small effusion in the left pleural sac. In this case vocal fremitus is absent at corresponding points on the two sides, but above the level of the fluid, for a short distance, it is considerably increased on the left or affected side: while at a corresponding point on the right side it is only feebly percep-Bronchial character of the expiratory sound is audible over the fluid, and broncho-ægophony exists near its upper limit. I can very readily imagine that an incomplete examination might lead to the supposition of pneumonia. While I have been writing this article the fluid has accumulated somewhat on the right side also, but the vocal fremitus remains as at first. On the other hand cases have occurred in which pneumonia has been mistaken for pleurisy, with effusion, by very good observers.

Some years ago I made the post-mortem examination in a case of supposed pleuritic effusion. The autopsy revealed a small aneurism resting on the left main bronchus, and this completely occluded by a firm thrombus which had formed by the escape of blood from the aneurism into it by means of a small opening. The left lung was throughout in a state of gray hepatization, and its bronchi were filled with purulent fluid. Those who had seen this case, during life, stated that all the signs of pleuritic effusion had existed, absence of vocal fremitus, of respiratory murmur, of vocal resonance, with the existence of flatness on percussion. If any suspicion of the real condition of affairs had been entertained it seems probable that absence of displacement of the heart, and of increase of the measurement of the affected side might have corrected the diagnosis, considering the extent of disease. Since that time I have seen a second nearly identical case.

Again it sometimes happens that with ordinary pneumonia producing complete solidification of a lobe, considerable diminution or absence of the vocal fremitus may occur.

Allow me, in closing this short article, which is written in order to draw attention to the need of caution in the interpretation of physical signs, to urge the importance of attending to each physical sign in doubtful cases of these two diseases, and also of examining the symptoms presented by the patients, and the course which the dis-In doubtful cases, where, if fluid should ease takes. exist, the line of treatment would be decidedly different, I think it wise to make use of an exploratory puncture. This may be done by means of a small needle attached to the aspirator, or, as this not infrequently alarms patients, at Bellevue Hospital a hypodermic syringe is often employed for this purpose. Considerable difference exists in the suction power of these instruments, and I have seen one introduced in a chest and fail to obtain fluid when another immediately afterwards succeeded. The safest test is not that of seeing whether water can be drawn through the needle into the barrel of the syringe; but, placing a finger over the nozzle, withdraw the piston and retain it in this position for a few seconds, and then note if the atmospheric pressure will force the piston back to its original position. With one, which answers perfectly to this test, I have succeeded in drawing pus from abscesses; and lately, in order to give it a fair test and also to relieve a patient, I employed it to remove thick gelatinous fluid from a ranula. This fluid was a little more viscid than the mucus of cervix uteri. honest doubt existed after its use it would be wise to make use of an instrument with greater suction force.

Summary of the conditions of vocal fremitus in pleu-

risy and pneumonia:

1st. Local fremitus is usually absent over fluid in the

pleural sac.

2nd. When present (a) it is sometimes due to adhesions of the lung to the chest wall below the level of the liquid.

b. Again, it is sometimes conducted through the fluid, and then it may be either feebler or more intense than on

the opposite side.

c. In some cases vocal fremitus does not exist or is very feeble at the lower part of the chest on the sound side; under these circumstances its absence on the diseased side loses some of its relative value.

3rd. Vocal fremitus is usually increased over pneumo-

mia of the lower lobe.

4th. It may, however, be very feeble or absent.

a. This may be due to obstruction of the bronchus by compression, or by the accumulation of some material in it, as, in one of the cases reported, coagulated blood.

b. Sometimes it seems due to the presence of a con-

siderable amount of exudation in the pleural sac.

c. The amount of solidification is supposed at times

to be the cause.

5th. Vocal fremitus is sometimes absent on the sound side: under such circumstances the existence of considerable vocal fremitus on the diseased would point strongly towards, though not be decisive of, pneumonia, as the

morbid condition present.

My friend and colleague, Prof. Flint, is also in the habit of drawing attention to the greater value of absence of vocal fremitus on the right side as a sign of pleuritic effusion, and of its exaggeration on the left side as a sign of pneumonia, in view of the normal difference of vocal fremitus on the two sides.

It will be obvious, that in this article I have considered that the more important physical signs, percussion and auscultation, have pointed out the site of the disease, but have not been able to establish the diagnosis.—N. Y.

Medical Record.

Illinois State Medical Society.

SECRETARY'S OFFICE, 296 W. MONBOE ST., CHICAGO, May 25 1875.

Dear Doctor-At the 25th Annual Session of the Illinois State Medical Society, held in the city of Jacksonville on the 18th, 19th and 20th days of May, 1875, the following officers were elected, and committees and delegates appointed for the ensuing year; also, the appended resolution was adopted, and the Secretary instructed to furnish a copy of said resolution to each and every member of the Society.

OFFICERS:

President—Thomas D. Washburn, M.D., Hillsboro.
First Vice-President—J. L. White, M.D., Bloomington.
Second Vice-President—John Wright, M.D., Clinton.
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The Treasurer and Secretaries constitute the Committee on Publication.

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DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

S. C. Plummer, Rock Island; Walter Hay, Chicago; J. F. Todd, Galva; J. B. Rood, Lemont; F. B. Haller, Vandalia; D. E. Foote, Belvidere; J. W. Freer, Chicago; J. H. Hollister, Chicago; T. P. Peirce, Lemont; Moses Gunn, Chicago; N. S. Reed, Chandlerville; H. B. Buck, Springfield; Thomas J. Whitten, Irving; Wm. L. Goodell, Effingham; David Prince, Jacksonville; G. Wheeler Jones, Danville; J. Adams Allen, Chicago; E. P. Cooke, Mendota; Dr. Darrah, Urbana; M. W. Walton, Ridott; M. Shepard, Adams Co.; C. Goodbrake, Clinton; J. O. Hamilton, Jerseyville; Lester Curtis, Chicago; T. Davis Fitch, Chicago; E. R. Williard, Wilmington; William A. Haskell, Edwardsville; Robert Boal, Peoria; C. T. Wilbur, Jacksonville; J. M. Steele, Grandview; L. Clark, Rockford; O. Everett, Dixon; T. D. Washburn, Hillsboro; William A. Elder, Bloomington; C. Paul Simon, Chicago; E. Ingals, Chicago.

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RESOLUTION.

Resolved, That at the next, and all subsequent meetings, all Reports of Committees and other Papers designed for publication in the Transactions of this Society, be presented in a form ready for publication, and placed, when read, at the disposal of the Publishing committee.

Yours, very truly,

T. DAVIS FITCH,

Permanent Secretary.

International Congress of Ophthalmology.

The International Congress of Ophthalmology will meet in New York City, on Tuesday, September 12, 1876, at twelve o'clock noon. The following extracts from the rules of the Congress will give an idea of the general character of the Society, and of the terms of membership:

"1. The object of the International Periodic Congress of Ophthalmology is to promote ophthalmological science, and to serve as a centre to those who cultivate it. It will entertain no discussion foreign to this ob-

ject.

be limited to ten days."

"2. The number of members is unlimited.

"3. Every member must be either a doctor of medicine, or surgery, or of science, or possess some other equivalent degree, or be distinguished for his scientific knowledge.

"4. Candidates for admission into the Society shall be admitted on presentation of their diploma or of their scientific title, unless ten members

demand a ballot.

"5. The sessions of the Society shall take place every fourth year, and

"11. The Society gives no diploma. Before the opening of each session a card available for admission to all the meetings, and signed by the President and Secretary, shall be given to each member on payment of his subscription (fixed at \$2), and upon signature of his name on the register of those attending the meeting."

Among the members of this Congress, are such men as Arlt and Stellwag, of Vienna; Giraud-Teulon, Javal, and Wecker, of Paris; Helmholtz, of Berlin; William Bowman, George Critchett, R. Liebreich, J. W. Hulke, and Soelberg Wells, of London; Donders and Snellen, of Utrecht, Hol-

land.

It is hoped that many of them will come to New York in 1876. The committee are making all efforts to secure a large attendance, and one that will leave its mark upon the progress of scientific ophthalmology. The cooperation of the profession of the United States, in securing these objects, is earnestly desired by the undersigned, the Provisional Committee appointed in London, in 1872.

CORNELIUS R. AGNEW, M.D. HENRY D. NOYES, M.D. DANIEL B. ST. JOHN ROOSA, M.D.

Chicago Mortality Report for June, 1875. Reported by Dr. BEN. C. MILLER, Sanitary Superintendent.

	C-4-14-
Accident, crushed I	Gastritis 2
diowining	Hæmatemesis
explosion	Heart, disease of
IAH 3	incumatism of I
run over by wagon 1	" valvular disease of 4
kicked by norse	Hepatitis I
poison	Hernia, incarcerated 1
" railroad	Hydrocephalus12
street cars I	Inanition
" shooting I	Intemperance 2
Abscess, lumbar I	Intussusception 1
Anus, imperforate I	Kidneys, Bright's disease of 6
ApoplexyII	inflammation of 2
Atelectasis pulmonum I	Liver, atrophy of I
Bladder, inflammation of I	disease of I
Bowels, obstruction of I	" cirrhosis of
" hæmorrhage of I	Lungs, congestion of 2
Brain, compression of 1	emphysema of
" congestion of 8	" hæmorrhage of I
" disease of	" œdema of I
" inflammation of	" paralysis of I
" softening of 2	Manslaughter2
Bronchitis 5	Malformation I
" capillary 7	Metro peritonitis
Catarrh	Measles18
CancerI	Meningitis17
" of breast 2	cerebro-spinal
" of stomach	tubercular 5
	Myelitis I
Of dicition and a second of the second of	
Child birth	Old age
Cholera infantum33	Paralysis
" morbus I	Pericarditis
Consumption48	Peritonitis
Convulsions62	pucipetat 1
" puerperal 2	Purpura I
Croup 6	Pneumonia21
Cyanosis 3	typhold
Debility, general	Pleurisy I
Deficient development I	Pyæmia 3
Diarrhœa	Rheumatism I
" chronic I	Scrofula 3
Diphtheria 7	Septicæmia
Dropsy, general	Small-Pox
Dysentery 5	Spine, disease of I
Embolism I	Stone in bladder
Endo carditis 4	Sun stroke 2
EczemaI	Suicide, by laudanum I
Enteritis 9	" by drowning I
Entero colitis 3	by hanging I
Epilepsy I	Syphilis 2
Erysipelas4	Tabes mesenterica10
Fever, congestive I	Teething 3
" puerperal 2	Tetanus 2
" remittent I	Tedious birth I
" scarlet	Trismus I
" typhoid 4	
-\h.	,,

Tumor, shock from operation I Vitality, deficient I	Whooping cough4
vitality, denoient	Total 533
Premature births, 9; Still	births, 47. Total, 56.
COMPA	RISON.
Deaths in June, 1875, 533; in M in June, 1874, 542. Decrease, 9.	(ay, 1875, 603. Decrease, 70. Deaths
AG	ES.
Under one year	Thirty years to forty 48 Forty ""fifty 41 Fifty ""sixty 23 Sixty ""seventy 18 Saventy ""eighty 14 Eighty ""ninety 11
Ten " twenty 23 Twenty " thirty 34	Total
	288 Married 163
	245 Single 370
Total 533 Total.	533 Total 533
NATI	VITIES.
Denmark Belgium	8 Poland 2 1 Scotland 3 61 Sweden 2 2 Switzerland 2 46 Unknown 3
Deaths daily, 174. Mean thermo	
Deaths daily, 1/4. Mean thermo	meter, 03. Rain lan, 5.17 menes.
No.	Y BY WARDS,
Wards. Deaths. Pop. in 1874. Percentage. 1 2 5,725 one death in 2,862	Wards, Deaths, Pop. in 1874. Percentage. II 13 14,022 one death in 1,078
2 1 4,830 " 4,830	12 15 16,792 " " 1,119
3 16 14,801	13 13 17,892 " " 1,376
4 9 15,301	14 17 10,720 983
5 22 20,078 913	15 103 45,545 442
0 42 35,910	10 24 21,922 913
7 33 31,722 901	1/ 29 20,///
	10 2/ 21,392 /92
9 42 31,654 " 754 10 15 17,385 " " 1,126	19 7 4,677 " " 668 20 10 8,995 " " 899
	ion in 1874, one death in 7434.
Tallo of account to popular	1011 11 10/4, 0110 1101111 /434.
No. deaths in Wards 478 Accidents 21 Bridewell 1	Manslaughter. 2 Small-Pox Hospital
County Hospital 6	Orphan Asylum 1
Foundlings' Home	Suicides 3
Hospital Alexian Bros. 2 Mercy Hospital	Total [etc]
mercy mospital 1	Total 533

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The Preliminary Winter Session commences Sept. 15, 1875, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

The Regular Winter Session occupies four and a half months—commencing on Sept. 20, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-door Medical Charity, and the Hospital Post-mortem Rooms, are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals.

Besides the Hospital clinics, there are eight clinics each week in the College building. The Faculty desire to call attention particularly to the opportunities for dissection. Subjects are abundant and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

The Post Graduate Course will begin September 29, 1875, and continue during the Kegular Winter Session.

FEES FOR THE WINTER COURSE.

For course of Lectures,		00
Matriculation,	5	00
Demonstrator's fee, including material for dissection,	10	00
Graduation Fee,	30	00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course, will be required to pay the Matriculation Fee and \$50; and should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter Tickets.

For the purpose of assisting meritorious individuals, the Faculty will receive a few beneficiaries, each of whom will be required to pay \$43 per annum and the Matriculation Fee.

For further particulars and circulars, address the Dean,

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Prof. H. C. Wood, Jr.; Skin Diseases, Prof. L. A. Duhring; Morbid Anatomy and Histology,
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The Philadelphia Hospital also is contiguous to the University, and its Clinical Lectures are
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of the second course, and, if approved, may devote themselves during their third course to the
applied branches only.

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FEES—For one full course, \$400 in fee each professor's ticket separately, \$20. Matriculation fee (paid once only), \$5. These fees are payable in advance. Graduation fee, \$30.

Letters of inquiry should be addressed to ROBERT E. ROGERS, M.D., Dean,

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Demonstrator's Ticket,									40	5	00
Graduation Fee,		•						-		25	00
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Number of Graduates,	-	-	-	-	-		-		-	1	02

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NINETY-SECOND ANNUAL ANNOUNCEMENT. (1975-76.)

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JAMES R. CHADWICK, M.D., Lecturer on Diseases of

m.D., Lectures on Otology.

The plan of study was radically changed in 1871.* Instruction is given by lectures, recitations, clinical teaching, and practical exercises, distributed throughout the academic year. This year begins Sept. 30, 1875, and ends on the last Wednesday in June, 1876. It is divided into two equal terms, with a recess of one week between them. Either of these two terms is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction. Instead of the customary oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of written examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

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DIVISION OF STUDIES.

For the First Year.—Anatomy, Physiology, and General Chemistry.

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For the Third Year.—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

icine, and Surgery.

icine, and Surgery.

Examinations are also held before the opening of the School, beginning September 27th.

Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE,—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine additional facilities for pursuing clinical, laboratory, and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion, and Laryngoscopy; Ophthalmology; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-therapeutics; Gynacology; and Obstetrics. Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercise of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

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PANCREATINE is the active principle of the PANCREATIC FLUID, which is generally acknowledged by physiologists to be the most important of the secretions necessary for the proper Digestion and Assimilation of Food, since IT ALONE possesses the property of digesting and preparing for assimilation all the various kinds of food, whether of an albuminoid, fibrinous, starchy or fatty nature.

PANCREATINE, therefore, becomes a very important remedy in a great many cases of Indigestion, Atony of the Digestive Organs and various forms of Dys-

pepsia, where Pepsine and other remedies have falled.

As a Help for the Digestion of Fats, physicians will find PANCREATINE invaluable to patients who are unable to support Cod Liver Oil or fatty substances, and are therefore deprived of their nourishing and restorative properties.

The Dose of DEFRESNE'S PANCREATINE is 5 to 15 grains, according to the nature of the case, taken before or during meals. It is sold in bottles containing Half, or One owner.

The following PREPARATIONS of PANCREATINE are also offered:

PANCREATINE PILLS, containing 4 grains each.

PANCREATINE WINE and ELIXIR, given in doses of one or two tablespoonfuls.

PANCREATIC EMULSION OF COD LIVER OIL, representing Cod Liver Oil in a state of perfect emulsion, and readily borne by the stomach.

PANCREATIC EMULSION OF COD LIVER OIL, with Iodide of Iron.
PANCREATIC EMULSION OF SOLID FAT, fresh and sweet, representing fat

perfectly emulsified and ready for immediate absorbtion.

Mr. Defresne having made Pancreatic preparations a subject of special study for several years, has succeeded in obtaining them in great perfection, and hence they are recommended as superior to similar preparations heretofore offered.

Dusart's Lacto-Phosphate of Lime.

(SYRUP AND WINE.)

LACTO-PHOSPHATE OF LIME is a new therapeutical agent, based upon the physiological researches of Mr. L. DUSART, and first proposed by him.

The publication of his work on the "Physiological Action of Phosphate of Lime," had led to the adoption of advanced views in regard to the importance of this substance in the animal economy. It is now considered necessary, not only for the Perfection of the Bony System, but also, and above all, for the Formation and Alimentation of the Muscular Tissues, and of Cerebral matter itself. Under its influence the nitrogenized matter of food is transformed into muscular fiesh, and upon the quantity of this substance present in the system depends the vital activity and temperature of the individual. Hence, an insufficient supply of the phosphate causes a rapid decline of the general health.

DUSART'S PREPARATIONS OF LACTO-PHOSPHATE OF LIME present to the physician the phosphate of lime in the combination in which it exists in the stomach, after it has been acted upon by the gastric fluid. It is, therefore, presented ready for assimilation, and hence, the Lacto-Phosphate should be preferred to the or-

dinary bone phosphate, which frequently is insoluble, or nearly so.

DUSART'S PREPARATIONS have been used in the hospitals of Paris with great success and in a wide range of diseases, as:—Rachitic and Scrofulous Affections in children; the Languer caused by too rapid a growth and development in youth; the Debility attendant upon old age; Weakness in Females, caused by the nursing of children; Slow Convalesence; certain forms of Dyspepsia, caused by the low vitality of the system. In cases of Fractures, their use has been found to cause a more rapid ormation of the Callus, and in cases of wounds, the cicatrisation has been more prompt, while its administration to children facilitates the general development, and aspecially the process of Ossification and Dentition.

DUSART'S Work on the "PHYSIOLOGICAL AND THERAPEUTIC ACTION OF PHOS-PHATE OF LIME" will be sent free on application to the Agents.

E. FOUGERA & CO., New York, Agents for the U.S.

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MATHEY-CAYLUS'



Since the introduction of this Oil in 1858, it has been found to be superior to all other kinds of Cod Liver Oil, for the treatment of General Debitity, Consumption, Scrofula, Rickets, etc.

It possesses not only all the noukshing qualities of the best Cod Liver Oil, but also the tonic, stimulant and alterative properties of Jodine, Bromine and Phosphorus, which are added in such proportions as to render it therapeutically sive times as efficacious as pure Cod Liver Oil.

Through its increased curative action, FOUGERA'S COD LIVER OIL will be found to cure disease in a much shorter time than the pure Oil; while favorable results will be obtained by its use in many advanced cases, when the pure Cod Liver Oil would fail entirely.

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READY-MADE

A Most Useful, Convenient and Desirable Preparation.

They are Prepared of Pure Mustard. They are always ready for use. They are not liable to change—Clean and Economical.

DIRECTIONS FOR USE.—Dip a Plaster of the required size into water at the ordinary temperature for a few seconds, then apply to the part, and cover with a

They are made of two strengths, and are sold in boxes containing ten Plasters each. Plaster No. 1, of pure mustard. Plaster No. 2, of one half mustard.

Fougera's Nutritive Preparations.

Containing LIEBIG'S EXTRACT OF MEAT, uniform in strength, each taining the soluble constituents of two ounces of fresh beef.

SUTRITIVE WINE, Simple and Ferrated.

NUTRITIVE ELIXIR OF CALISAYA, Simple and Ferrated. NUTRITIVE SYBUP OF IBON. NUTRITIVE FOOD.

Lancelot's Cigarettes,

It suffices to inhale the smoke of these Cigarettes to experience immediate relief. All nervous affections in general, and especially those of the chest, are often cured, and always relieved, by the use of Lancelot's Cigarettes.

E. FOUGERA & CO., New York.

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GLUTEN CAPSULES

OF PURE COPAIBA,

AND OF THE FOLLOWING COMBINATIONS:

IODINIZED

Copaiba and Cubebs; Cop. and Citrate of Iron; Cop. and Rhatany; Cop., Cubebs and Rhatany; Cop., Cubebs and Curbonate of Iron; Cop., Cubebs and Alum; Cop. and Magneria; Cop. and Catechu; Cop. and Submitrate of Bismuth; Cop. and Tannic Acid; Cop. and Tar; Cop., Pepsine and Bismuth; Cubebs pure; Cubebs and Alum; Cubebs and Turpentine; Cubebs and Tannate of Iron; Venics Turpentine; Norway

Tar; Cop. and Sandal Wood Oil; Cop., Cubebs and Sandal Wood Oil.

Mathey-Caylus' Capsules, introduced into the U.S. in 1855, have achieved a decided success on account of the great care taken in their preparation, and of their universal efficacy. They present the most perfect mode for administering Copaiba, Cubebs, Tar, Turpentine, and other remodles, the disagreeable oder and tase of which are often a hindrance to their use. Being formed of a thin, transparent and readily assimilated coating, they so cover and disguise the medicine to be given that it can be taken with ease, and they offer the special advantage of never causing nausea, cructations or dyspeptic symptoms, which are complained of by many persons using other preparations.

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Dr. Rabuteau has proved by physiological experiments that every ferruginous preparation, in order to to be absorbed and assimilated, must be first transformed in the stomach
into a proto-chloride. Hence these preparations, containing from already prepared for
assimilation without the aid of the gastrio juice, have been found pre-eminently useful in
Anamia, Chlorosis, Amenorrhaa, Leucorrhaa, and in all cases in which ferruginous preparations are indicated. Experiments conducted in the Hospitals of Paris have tiven
positive proof of their value. The proto-chloride is here presented in an unalierable state,
each arage and each table spoonful containing half a grain of the pure salt.

DR. CLIN'S DRAGEES AND CAPSULES OF Bromide of Camphor.

Bromide of Camphor, which has been but recently introduced in this country, and principally through the agency of Dr. W. A. Hammond, possesses undoubted properties of a sedative character. It is one of the most clearly defined anti-spasmodics, and acts as a hypnetic and as a sedative of the network and circulatory systems. Dr. Clin's preparations have been found useful in Insomnia, Chorca, Hysteria, Paralysis Agitans, Nervous Cough, and in all cases where a sedative is indicated. Owing to the bad taste and penetrating odor of this substance, these two forms will be found very useful. Each drages contains nearly two grains, and each capsule nearly four grains of the salt. The dragees are sold in bottles of 60 dragees; the capsules in bottles of 50 capsules.

Prepared by CLIN & CO., Pharmacists, Paris.

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Genuine Panereatic Emulsion and Pancreatine.

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PANCREATISED COD LIVER OIL.

A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid. 712 Senit Ha to ar

PANCREATINE WINE.

For the digestion of Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

PHOSPHORISED COD LIVER OIL.-With Quinine.

PHOSPHORUS PILLS-PURE.

Of all sizes and strengths, non-resinous and perfectly soluble. Most of the uncertainty of operation experienced in the internal administration of Phosphorus may be traced to the use of Oxydised or Allotropic Phosphorus, preparations which are less active and more uncertain.

PEPTODYN, the New Digestive.

Digests all kinds of Food-the Farinaceous, Fibrinous and Oleaginous: being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.

Five grains of Peptodyn (Powder) digests 100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

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Feeding infants on the best, i. e. the most nourishing and easily digested Food, has recently occupied much of the attention of the profession, and the fallacy and danger of employing Starch, in the form of Corn Flour and other high sounding titles has been repeatedly pointed out

This food resembles Mother's Milk more closely than any other kind, perfectly fulfiling its object—that of promoting the GROWTH and HEALTH of the Child.

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Apomorphia, 1-10th of a grain.

Codeia, 1-4th of a grain.

Quinine, one half of a grain. Strychnin, 1-00th of a grain, park me borne Calabar Bean.

Distanta Elaterium, 1-12th of a grain.

Atropia Sulph., 1-190th of a grain. Ergotine, 1-3rd of a grain.

Morphia, 1-6th of a grain.

Caffeine, one-half of a grain, and it had ,-in Physoatigmine (or Eserine), equal to

1-6th of a grain of the extract of

Prepared only (and Patented in Great Britain and the Colonies, the principal countries in Europe, and the United States of America,) by

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And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

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The medals obtained by Boudault's Pepsine at the different exhibitions of 1967, 1868, 1872, and recently at the Vienna Exhibition of 1973, are unquestionable proofs of its excellence.

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Is sold in 1 oz., 8 oz., 16 oz., Bottles.

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GENERAL AGENTS FOR THE U. S.

A NEW AND IMPORTANT REMEDY.

The attention of the Medical Profession is respectfully invited to

HEMATOSINE,

OF TABOURIN & LEMAIRE, Chemists.

This new preparation, recently introduced in Europe, may be truly called a

PHYSIOLOGICAL REMEDY.

HEMATOSINE constitutes the basis of the red globules of the blood, and is the organic substance now known, which is richest in assimilable iron.

In HEMATOSINE from is presented in the normal state in which it exists in the blood; and hence it is superior to other ferruginous preparations, for it enters into the circulation without undergoing any change. It is therefore received without fatigue by the most delicate and the most sensitive constitutions, which will not bear the ordinary chalvbeates.

Hematosine is offered in the form of pills, and is applicable to all cases in which the use of iron is indicated.

It will be found a most efficacious remedy for Anomia, Chlorosia, Loucerhous, Amenorrhous, Dysmenhorrous, General Debility, Slow Convalescence, &c.

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The Complete Steam Atomizer for Inhalation, Etc.



THE COMPLETE STEAM ATOMIZER Frg. 15

The waste-cup, medicament-cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over

fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered.
It cannot be injured by exhaustion of water, or any attainable pressure of steam.
It does not throw spirts of hot water, to frighten and scald the patient.
Is compact and portable; occupies space of one-sixth cubic foot only; can be carried from place to place without removing the atomizing tubes or the water; can be unpacked and repacked without loss of time.

loss of time.
Will render the best of service for many years,
and is cheap in the best sense of the word. Price, \$6.
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Neatly made, atrong, Black Wainut Box, with convenient handle, additional, \$2.50.

FIG. 5. SHURTLEFF'S ATOMIZING



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For Inhalation, and, with suitable Tubes, for Local Amesthesis, and for making direct local applications of atomized liquids for a great variety of purposes. [See our Pamphlet.]

purposes. [See our Pamphlet.]
The most desirable Hand Apparatus.
Rubber warranted of very best quality. Valves the purpose of the property one carefully street to its seat, and the property one carefully street to its seat, and the property of the proper

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The Boston Atomizer, who two glass Atomizing Tubes.
The Tremont Atomizer, with two glass Atomizing Tubes, to fit any of our Apparatus, warranted perfect, each

N. B.— To save collection expenses, funds should be sent with the order, either in form of draft, P. O. order, or registered letter.

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Medical and Surgical Journal of April 18, 1868.

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Manufactured on the Sea-Shore by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land

induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil live is the secret of making go

patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil generally found in market is the product of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference.

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After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopeia: IRON-PHOSPHORUS-

CALISATA.

CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable Ferro-Phosphorated Elixir of Calisaya Bark, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber-colored Cordial, delicious to the taste, and acceptable to the most delicate stomach. This preparation is made directly from the ROYAL CALISAYA BARK, not from TYS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya and Iron." which are simply an Elixir of Quinine and Iron. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertation contains aeven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

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Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammenio-Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

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Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate

Elixir Valerinate of Ammonia and Quinine. Each teaspoonful contains two grains

Valerinate Ammonia and one grain Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry

Elixir Taraxacum Comp. Each dessertspoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth and Strychnine. Each fluid-drachm contains one sixtyfourth of a grain of Strychnine.

fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has found very serviceable in chronic eccema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most

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Iodo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron

Cod-Liver Oil, with Iodine, Phosphorus and Bromine This combination represents Phosphorus, Bromine, Iodine and Cod-Liver Oil, in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Col-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grams Phosphate of Lime in each tablespoonful.

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